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DAWOOD NATIONAL MILITARY HOSPITAL AFGHANISTAN: WHAT HAPPENED AND WHAT WENT WRONG?

HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY, HOMELAND DEFENSE AND FOREIGN OPERATIONS

OF THE

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

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DAWOOD NATIONAL MILITARY HOSPITAL, AFGHANISTAN: WHAT HAPPENED AND WHAT WENT WRONG?

Tuesday, July 24, 2012,

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NATIONAL SECURITY, HOMELAND DEFENSE, AND FOREIGN OPERATIONS,
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:03 a.m. in room 2154, Rayburn House Office Building, the Honorable Jason Chaffetz [chairman of the subcommittee], presiding.

Present: Representatives Chaffetz, Labrador, Tierney, Lynch, Welch, and Speier.

Also present: Representative Issa.

Staff Present: Ali Ahmad, Majority Communications Advisor; Thomas A. Alexander, Majority Senior Counsel; Alexia Ardolina, Majority Assistant Clerk; Robert Borden, Majority General Counsel; John Cuaderes, Majority Deputy Staff Director; Adam P. Fromm, Majority Director of Member Services and Committee Operations; Linda Good, Majority Chief Clerk; Mitchell S. Kominsky, Majority Counsel; Rebecca Watkins, Majority Press Secretary; Sang H. Yi, Majority Professional Staff Member; Ashley Etienne, Minority Director of Communications; Susanne Sachsman Grooms, Minority Chief Counsel; Devon Hill, Minority Staff Assistant; Jennifer Hoffman, Minority Press Secretary; Peter Kenny, Minority Counsel; Carlos Uriarte, Minority Counsel.

Mr. CHAFFETZ. Good morning.

The Committee will now come to order.

I would like to begin this hearing by stating the Oversight Committee's Mission Statement. We exist to secure two fundamental principles. First, Americans have the right to know that the money Washington takes from them is well spent. Second, Americans deserve an efficient and effective government that works for them. Our duty on the Oversight and Government Reform Committee is to protect these rights.

Our solemn responsibility is to hold government accountable to taxpayers because taxpayers have a right to know what they get from their government. We will work tirelessly in partnership with citizen watchdogs to deliver the facts to the American people and bring genuine reform to the federal bureaucracy.

This is the mission of the Oversight and Government Reform Committee.

Again, I would like to welcome you all to this very important hearing: Dawood National Military Hospital in Afghanistan, What Happened and What Went Wrong?

I would like to welcome Ranking Member Tierney, members of the Subcommittee and members of the audience.

The National Security Subcommittee has a long history of overseeing the expenditure of American taxpayer dollars in Afghanistan. Under both Republican and Democratic leadership, members have worked side by side to investigate waste, fraud and abuse. I can tell you personally in my short three and a half years here, other than what I saw in Haiti, I think this is one of the most difficult things that I have looked at and quite frankly, I have only glanced at it in comparison to the members of this panel today.

I appreciate the service of each, their service to their country, their undying patriotism and their willingness to be here today to talk candidly about this. Quite frankly, this is what separates the United States of America from just about every other country, that we as a nation will expose these things and talk about these things in an effort to solve the problem and to be a part of the solution.

It takes commitment and guts to be here and talk about this, to look at the challenges facing us but this is not over either. I think you will find that in a bipartisan way, we are committed to helping expose the problem so that we can help solve the problem.

Today's hearing will examine the facts and circumstances surrounding rampant corruption, physical abuse and failed leadership at the Dawood National Military Hospital in Afghanistan. Wounded Afghan soldiers, many of whom fought alongside American troops, suffered inexplicable treatment at the hands of those charged with easing their suffering.

Let me be clear, the patients at this hospital were not Americans. Nor were those administering that care Americans, but we did have leadership there and we did have American personnel there that was funding this effort and was there in a supervisory capacity.

Today, we will hear from four senior U.S. military officers who tried to take corrective actions but were shunned and chastised by their chain of command. Instead, investigations were apparently delayed because of personal politics and an aggressive public relations campaign that attempted to cloud the facts.

The National Military Hospital was established for the purpose of treating wounded Afghan soldiers, was funded largely by the United States and is known as the "crown jewel" of the Afghan medical system. The hospital is staffed by Afghan doctors and nurses who are mentored by U.S. military doctors.

While U.S. military personnel advised the Afghan medical staff, they did not administer treatment or pharmaceuticals. Their mission is "to help the Afghans perform and increase their capability not by doing for them, but rather, by advising them and stepping back." They perform "not as clinician, not as nurse, not as technician, but as a trainer. When they come here, it is advising."

During the summer of 2010, allegations began to surface regarding widespread theft, mismanagement and patient neglect at the hospital. According to firsthand accounts, Afghans stole fuel needed to run generators and sold pharmaceuticals on the black market.

Afghan doctors and nurses would rarely show up for work, having been trained at U.S. taxpayer expense.

According to documentation, the misappropriation of resources was staggering. Yet, the United States Government continued to ship supplies without the proper controls in place. In one 18-month period, the United States provided over $150 million in pharmaceuticals and medical consumables to the Afghan National Army, which is the equivalent of three years of supplies in a similarly-sized U.S. naval facility.

Medical supplies and equipment were hoarded, stored improperly and misused. It was also reported that supplies were shipped to Pakistan while legitimate pharmaceuticals were replaced with counterfeits. The combination of these factors resulted in extreme lack of care at the hospital.

Photographic evidence and firsthand accounts indicated that wounded Afghan soldiers endured starvation, bed sores and botched operations. Wounds were left undressed and Afghan doctors conducted procedures without anesthesia or painkillers. In his written testimony, Colonel Carozza described the conditions as "Auschwitz-like."

Oftentimes, Afghan doctors and nurses would demand bribes in exchange for care. Those who could not afford to do so, died in their hospital beds. The medical care in Afghanistan was so substandard, it was ranked in the lowest 1 percent by the World Health Organization. All of this was funded by the U.S. taxpayer.

After much deliberation, I have decided to show just four of what are 70 pictures the Committee has obtained during the course of this investigation. I am doing this because words cannot fully describe the extent of human suffering that took place. What I am about to show you is exceptionally graphic. If there are children watching, please have them turn away or ask them to leave the room. If you are squeamish, please consider not looking at these pictures. They are exceptionally graphic.

With that, I will simply show four of the photos. If you can cue the photos, we will spend a few seconds looking at these to give you a sense of the situation at the hospital.

[Slide shown.]

Mr. CHAFFETZ. Most of you are seeing these photos for the first time, yet our men and women in uniform, including the witnesses here today, lived this horror each and every day. These images are seared in their memories and they carry an emotional burden that defies comprehension.

In the name of capacity-building, the U.S. military doctors could do little about the suffering. As Colonel Geller stated in a 2010 interview, "This is our pathway to transition here, to help Afghans perform and increase their capability, not by doing for them, but rather by advising and stepping back which is very difficult for medical professionals to not to want to reach in and put their hands into the operating field. There is sort of a hair-trigger versus to advise."

Indeed, U.S. medical professionals were given an impossible choice. Should they disobey orders and provide care or should they violate the Hippocratic Oath and allow the suffering to continue?

From July to November 2010, senior U.S. military officers reported these issues up their chain of command. Documents indicate that the International Security Assistance Force Commander, General David Petraeus; NATO Training Mission Afghanistan Command, Lieutenant General William Caldwell; and his Deputy Brigadier General, Gary Patton were briefed about the need for an investigation.

Evidence indicates there may have been a deliberate effort to delay an investigation for political reasons. It is also evident the Commanders were under enormous pressure to portray a positive image of the war effort at all times, even if this meant conducting aggressive public relations campaigns so the media would report only good news.

Colonel Carozza writes in his testimony that "Too many generals view the media and information operations as battle space. The collateral damage in such battles is the truth." I am likewise concerned that suppressing failure and glorifying success may be the rule and not the exception. When the truth is obscured or canceled, it becomes exceptionally difficult for Congress and the American people to make informed decisions.

On a broader level, the mismanagement at Dawood National Military Hospital raises serious questions as to whether the United States should continue to fund the Afghan reconstruction effort altogether. As it stands, the Afghan Government has proven it is incapable of adopting legitimate business practices and ethical principles. Their success is measured by the ability of Afghans to sustain themselves in that regard and the Afghan Government and this Administration perhaps are failing.

Mr. CHAFFETZ. I took forward to hearing from our panel and appreciate everyone's willingness to be here today. I would now like to recognize the distinguished Ranking Member, the gentleman from Massachusetts, Mr. Tierney, for his opening statement.

Mr. TIERNEY. Thank you, Mr. Chairman and thank all the witnesses for being here today and for the work you have done leading to this hearing.

We have long been concerned on this Committee with issues of corruption and mismanagement, particularly of United States taxpayer dollars. In 2005, I co-authored legislation with then Republican Congressman Jim Leach that led the way to the creation of the Commission for Wartime Contracting. It issued its final report last fall, estimating up to $60 billion in waste, fraud and abuse of U.S. taxpayer funds in Iraq and Afghanistan.

As the former Chairman of the subcommittee, I also led multiple investigations into allegations of corruption in U.S. contracting related to the war in Afghanistan. With the able partnership of our minority at that time, the investigations included the jet fuel contract in Kurdistan, a major transit hub for Afghanistan; and the primary Department of Defense logistics trucking contract in Afghanistan. Our investigation of the trucking contracts found the contractors were making protection payments to our enemies with U.S. taxpayer dollars.

Corruption and mismanagement problems persist in Afghanistan. In fact, we are working now with the Chairman as he leads an investigation into the food services issues there.

These problems persist and it is important and necessary that our Subcommittee continue investigating these issues, especially with today's focus on the problems at Dawood Military Hospital. The Subcommittee's investigation has uncovered evidence of rampant corruption in the pharmaceutical distribution system, widespread patient neglect, and potential contracting fraud that led patients to receive fake morphine that did little to relieve their pain.

Conditions at the hospital deteriorated to such an extent that one of the witnesses joining us here today, Colonel Fassl, sent an email to his colleagues recounting the deplorable conditions at the hospital. Describing just one of the many problems he observed at the hospital, he wrote the following, "No hygiene capability for six months; no soap, bleach or bacterial wipes; no human waste, blood, feces, urine or wound drainage has been collected; spilled and open buckets next to patient's beds; while at the same time, food was being served."

These revelations are truly appalling and although the Dawood Hospital is not run by the United States, we do know that the United States has invested at least $185 million in the Afghan military health care system. For all the money we are spending and all the efforts of our men and women, it is clear we have to have better training for the Afghans to run their own military hospital.

Our investigation also revealed the problems at the hospital were brought to light due to the hard work and courage of United States service members serving in Afghanistan, specifically those witnesses sitting before us today. Due to their dedication and commitment, evidence of corruption and patient neglect were brought to the attention of senior military officials, the Department of Defense Inspector General, and now this Subcommittee.

While there is much work left to be done, the courage and persistence of these men has generated the necessary pressure to improve conditions at the hospital, force ouster of the Afghan Surgeon General and lead to criminal investigation of the contractor who provided counterfeit morphine.

The Chairman has raised concerns about allegations that then-Lieutenant General William Caldwell, Commander, inappropriately interfered with this referral to the Inspector General. If true, that would be very concerning, regardless of whether or not his purpose was personal or political. These allegations are part of an ongoing Department of Defense Inspector General investigation and I look forward to reviewing that report when it is completed.

During today's hearing, I hope we can focus on the problems of corruption and mismanagement at the hospital and within the Afghan military medical system. The Inspector General has completed an investigation into problems with the pharmaceutical distribution system that was certainly one of the causes of these problems. The Inspector General has recommended improvements and the military and the Afghans have already implemented some changes.

I look forward to hearing from today's witnesses about whether these changes have been sufficient and about the significant challenges that remain.

Again, I want to thank the witnesses for taking the time to give us the benefit of their experience and insight.

Thank you, Mr. Chairman.

Mr. CHAFFETZ. Thank you.

Now I would like to recognize the Chairman of the full Committee, the gentleman from California, Mr. Issa.

Mr. ISSA. Mr. Blair, I want to thank you. We, in this Committee, depend on the Inspectors General and on the work you do. I also want to thank the men to your right. As our Mission Statement says, we depend on whistleblowers. An efficient and effective government, one that is transparent, is not possible without people who see things within their chain of command going awry and make the effort either through the chain of command by pushing harder or around the chain of command, including the Congress, making sure that what is wrong is made right.

During my tenure in the military, we used the term that now would be unabbreviated, a situation normal, all fouled up, but snafus happen every day. We have no doubt that in war or in Third World countries, even when they are between war and peace it is difficult to get things to look first world.

I have visited Afghanistan many times and in those times, I have become convinced that when we leave Afghanistan, it will still be the Third World. What I hope to hear from you today is how difficult it is to do what we must do, which is if American dollars are being spent, they have to be spent in a way in which the American imprint of quality and reliability is put in place. That is not just eliminating waste and fraud but it is also bring care to a level that Americans look at and say, that is the American footprint.

In looking at the pictures in this report, what I found was we failed. Hopefully, at the end of your testimony today, I want to again thank you all for being here, the American people will understand we have to do better. Hopefully, with the Inspector General's report, we will do better.

If we don't, I challenge each of you to be back here again and to tell your colleagues that when you come before Congress, it doesn't look good on TV sometimes but ultimately, it is because this Committee, on a bipartisan basis, cares a great deal about how America is viewed based on the money we spend and the men and women we put in harm's way.

Again, I want to thank you for being here for this important testimony. We will continue to look, we will continue to work with the Inspectors General, and will continue to visit. I plan on this committee leading a CODEL to visit a number of the hospitals, including the one in this picture.

Mr. Chairman, I want to thank you for hard work of putting together today's hearing.

I yield back.

Mr. CHAFFETZ. Thank you. I appreciate the Chairman who has always been insistent that we pursue these matters to the fullest amount where they lead. I do appreciate that. I thank you for your presence here today.

Members will have seven days to submit openings statements for the record.

I will now recognize our panel. Mr. Schuyler Geller is a retired United States Air Force Colonel and Medical Doctor. He served as the Command Surgeon and Director of the Medical Training Advisory Group in Afghanistan.

Colonel Gerald Carozza, Jr. is a retired United States Army Colonel and Judge Advocate. He served as the Chief of Legal Development for the Afghan National Army, NATO Training Mission, Afghanistan.

Colonel Mark Fassl, United States Army, is the former Inspector General, NATO Training Mission, Afghanistan.

Captain Steven Andersen, United States Coast Guard, is the former Chief Anticorruption Advisor for the Afghan National Army, NATO Training Mission.

Mr. Daniel Blair is the Deputy Defense Inspector General for Auditing.

Again, we thank you all for being here.

Pursuant to Committee rules, all witnesses will be sworn before they testify. Please rise and raise your right hands.

Do you solemnly swear or affirm that the testimony you are about to give will be the truth, the whole truth, and nothing but the truth?

[Witnesses respond in the affirmative.]

Mr. CHAFFETZ. Let the record reflect all witnesses answered in the affirmative.

In order to allow time for discussion, we ask you limit your testimony to five minutes. I know Colonel Geller has asked for a little extra time which will be fine. We will start with Colonel Geller and proceed from there. Mr. Geller, you are recognized.

WITNESSES STATEMENTS

STATEMENT OF COLONEL SCHUYLER K. GELLER, MD

Colonel GELLER. Thank you.

Chairman Chaffetz, Ranking Member Tierney, members of the Subcommittee on National Security, Homeland Defense and Foreign Operations of the House Committee on Oversight and Government Reform, and Chairman Issa for being here as well, thank you for the invitation to testify before this body regarding the U.S.-funded and staffed medical mentoring mission in support of the Sardar Mohammed Daoud Khan National Military Hospital built by the Russians in 1973 in Kabul, Afghanistan, regarding which I have almost 24 consecutive months of accumulated first person information.

I continue to receive follow-up from Afghans inside the facility and very recently from the current ISAF Medical Advisor, an officer whom I greatly respect and admire, UK Brigadier Christopher Parker.

I was the Command Surgeon for the NATO Training Mission, Afghanistan, Combined Security Transition Command, Afghanistan from February 20, 2010 to February 18, 2011 when I transitioned to Headquarters Security Assistance Forces to work as Deputy to Rear Admiral Upper Half David Smith, the ISAF Medical Advisor or MEDAD.

I was a by name request by General David Petraeus to stay a second consecutive year in Afghanistan to work on his MEDAD staff due to my unique experience and expertise.

I have provided a number of documents into the Committee's record in support of my testimony today, including the 25 page memorandum for record, that I completed on December 9, 2011. At the direct request of Lieutenant Colonel Carlisle, U.S. Army Attorney, U.S. Forces Afghanistan, who was tasked by General Allen with collecting all of the documents for the Secretary of Defense's response to Chairman Issa and Subcommittee Chairman Chaffetz's October 13, 2011 request for documentation surrounding the alleged corruption and abuses at the National Military Hospital.

As you know, these abuses were made public in a September 3 article by Maria Habib in the Wall Street Journal after a series of interviews with Afghan and Coalition personnel in July and August 2011. I understand the Secretary of Defense officially made available my December 20, 2011 memorandum for this committee on July 16, 2012, seven months after it was produced.

I have shared several gigabytes of documents, pictures and videos over the last few months with Mr. Tom Alexander and more recently, Mr. Carlos Uriarte.

Two weeks after the transmission of that memorandum to Lieutenant Colonel Carlisle, General Allen initiated a 15–6 investigation into my allegations, although it was not the first time he had heard of them. General Allen sent General Bruce Pagel, a U.S. Army Reserve attorney working for General Allen's Chief Military Attorney, Marine Colonel Mike Jordan, to interview me in August 2011 after a line of questioning by Ms. Habib indicated a concern about a delay in calling in the DOD IG to look into the National Military Hospital abuses.

When Colonel Pagel, accompanied by a young, U.S. Marine Corps Captain attorney asked me if there was any reason to believe Lieutenant General Caldwell delayed the investigation at the DMNH, I replied, "Any reason to believe? I know it for a fact." He repeated that last phrase somewhat incredulously but then listened as I relayed the information that you have in the 25-page memorandum for record to him while the young Captain took copious notes.

I provided a number of corroborating witnesses to interview to ascertain my veracity. I heard nothing further regarding my clearly presented accusation of wrongdoing by a general officer still under the command of General Allen to a member of his Military Justice Department. I heard nothing, that is, until I put it in writing to Congress four months later.

Shortly thereafter, Ms. Habib made a request with ISAF's Public Affairs Office for an interview with me. Rear Admiral Lower Half Beck, General Allen's Public Affairs Officer, sent two junior public affairs officers to meet with me to assess my knowledge of the topic at Daoud Khan Military Hospital.

They listened in silence as I spoke for over 40 minutes on the topic and then finally interrupted me with the question, have you ever had any PA training? I responded to the affirmative and noted that every PAO I have ever worked with in the Air Force had told me to "Talk about what I knew and always tell the truth." I hoped that also applied in the joint arena.

They left and I was summoned to meet with Rear Admiral Beck the next day. After listening to what I was going to tell Ms. Habib, his response was to state: "I was clearly a disgruntled officer, could not be a spokesperson for ISAF," he was not going to allow me to have an official, on the record interview and if I tried to meet with her, I was going "on my own." The warning was clear.

He came to my office later and in front of Commander Terry Johnson, a Navy ENT Physician assigned to my division, told me he was now going to tell Ms. Habib she could submit questions and I could submit answers to him that he would filter and edit before providing them back to Ms. Habib. Ms. Habib apparently refused as I never received any questions to answer but her article did indicate that ISAF had refused to make me available to her for an interview.

I spent time on these events as it was specifically that article that led members of Congress to request an investigation last year but that article was not complete due to the Command in Afghanistan providing half-truths and obfuscating the multilayered labyrinth of still active causalities not the least of which was the inability of the senior leadership to effectively engage and defeat the criminal patronage networks, some with ties all the way to the top of the government of Afghanistan, criminal patronage networks that had captured key institutions that were being supported and empowered by millions, and in some cases, billions of U.S. dollars.

One such organization captured was the Sadar Mohammed Daoud Khan Hospital in Kabul. In that case, in addition to money and materials, lives were also lost and patients and mentors also suffered. As General Allen clearly stated before Congress in his March testimony, no prosecutions had occurred to that date and none have yet occurred in regards to the events of 2010. [Phrase in foreign language], this is Afghanistan. The rule of law expectations of western donor nations is a goal yet to materialize.

In recent testimony before the Subcommittee on Oversight and Investigations and the House Armed Services Committee, I noted that Mr. Sedney asserted that the U.S. has spent only $185 million in 9 years on the entire Afghan military medical system. My team discovered early on that no reliable accounting of dollars spent existed prior to 2007, but we had been mentoring medics since 2003 and the Daoud Khan Hospital since 2005.

Considerably more than $185 million has been utilized in development of the Afghan Army health system by many donor nations. The U.S. had spent $153 million just on medical supplies and meds from 2007 to 2010 and over $42 million in pharmaceuticals were delivered in 2010 alone. This did not count the building and equipping of four 50-bed hospitals, three 50-bed hospital extensions and medical barracks, numerous troop medical clinics, years of 65 to 85 percent of all the Afghan medical personnel salaries and 100 percent of their incentive bonuses, U.S. MILPERS costs for medics, multimillion dollar MPRI and DynCorp medical personnel contracts and millions of dollars of additional TriCare costs to the DOD for the loss of years of deployed military physicians, PAs and nurse practitioners used as trainers and mentors.

We supply 100 percent of the fuel and food of the Afghan Army, including the Daoud Khan Hospital where it was routinely pilfered,

enriching the criminal patronage networks. The enormously expensive Level III facilities in Afghanistan are filled with Afghans. Approximately 60 percent of all beds were filled with host nation personnel in 2010 and 2011, all supporting the Afghan military health system that would have received them.

Essentially all of the air evacuation of Afghans from the battlefield is by U.S. assets, again, our nickel. Many bilateral medical support agreements also exist with other nations with unsupportable and unsustainable hemodialysis machines and lithotripsy machines purchased with such support just in 2009 to 2010.

Turkey, Egypt and India all also provide direct medical care support to the Afghan Army in addition to training. Canada has taken on a large training mission at the Afghan Forces Academy of Medical Sciences. Japan provided $23 million for drugs for the ANA in 2010 alone and built a 150-bed hospital for the Afghan police from 2009 to 2011.

Let us not forget that 75 percent of all dollars spent in Afghanistan for health care are extracted from the Afghan people themselves as out of pocket expense. Afghan soldier's families have sold their farms and indentured themselves for health care in the U.S. and coalition supported Daoud Kahn Hospital.

We also supply funds for the Ministry of Finance that are placed on budget through the Deputy Minister of Defense for Finance, Major General Amaree into budget lines in support of the health department. These amounts have been approximately $5 million each year up to 2010 when over $11 million was placed directly into the MOD's Health Department budget for purchase of equipment, supplies and medicine.

It is these monies from 2005 to 2009 that Major General Yaftali is most suspected in embezzling by the Afghan Army Legal Department. This would not be able to be accomplished without the Deputy Minister of Defense for Finance's complicity and why the Legal Department also wanted to have him court martialed. Rule of law again was thwarted by criminal patronage networks.

These monies are subject to Afghan contracting processes and this remains very poorly regulated with 100 percent of vendors still failing to meet contract requirements as noted in the May 7, 2012 DOD/IG report, pages six and seven. Vendors are not vetted as to their ability to perform but other softer, non transparent criteria.

Unlike the DOG IG who stated they had not, I have personally sat through a contracting meeting for pharmaceuticals with Brigadier General Shamin and Brigadier General Safir where vendors clearly identified as having no capability to import the required contractual drugs were still awarded the contract.

I took this personally to Minister Wardak to no avail as he told me he was convinced of Brigadier General Safir's honesty. However, this is how the counterfeit morphine was repeatedly procured, leading to hundreds of soldiers who were forced to suffer through surgical procedures and operations without analgesics.

I reported this to my chain of command, CJ–Intelligence debriefers, U.S. Army criminal investigators and Task Force Shafafiyat in 2010, just as I reported the diversion of U.S. morphine purchased by NTM–A/CSTC–A to pharmacies controlled by

AMA Medical Generals and the exact location of the downtown Kabul warehouse where they were stored. Nothing was done.

In fact, the whole thing was turned over to the Afghans and I supplied Colonel Eugene Baime, the investigative officer for General Allen's 15–6 investigation in December 2010, the 201st Corps Military Judges musings after he had dismissed all charges in regard to the counterfeit morphine scam.

The judges NTM–A mentor wrote to his chain of command that the Judge knows that Brigadier Shamin and Brigadier General Safir are guilty but he cannot prosecute them due to their connections, so there was nothing else he could do but dismiss the case. No witnesses will come forward. Ee Afghanistan ast [phonetic].

Revisionist history has noted in the apparent new reporting of patient abuses on February 1, 2011 that was the sudden impetus for the second visit by DOD IG to Daoud Khan Hospital in February or the lack of any knowledge before November 2010 of the patient abuses at the National Military Hospital by the NTMA chain of command will not provide any elimination. Such history is filled with audio but no accompanied video to support.

In addition to my memorandum for record, to report leadership failure at the NMH and OTSG generated for NTM–A with the assistance of many sources including NTM–A IG, Colonel Mark Fassl, provides clear insight as to what was known when as do many additional documents and emails also provided in my supporting documents.

Leadership failures were not the exclusive realm of the Afghans. To get out of a labyrinth, you must retrace your steps to see how you got there in the first place.

As I close, I wish to state that there has been progress made in regard to the Health Department of the Afghan National Army, most notably with the codification of a strategic plan for an Afghan National Security Forces transition objective for health that consumed essentially the entire year of 2011 under the leadership of ISAF MEDAD's office. This would never have been accomplished without the direct recommendation and follow up of the DOD IG and was one of the many reasons that their outside look and report that would eventually end up in Congress was so critical to all of us in October 2010.

That strategic plan was signed by General Allen in November 2011 and included 134 or so milestones that had to be met for the transition objective to be completed by December 31, 2014. The accountability phase of that was that the Coalition would de-scope the transition objective by stopping funding and/or mentoring of aspects if milestones were not validated as being met.

Since then, as briefed to the NATO Military Committee in Brussels on April 25, 2012, 51 of the milestones had commenced and 67 of those were either completed or on track to complete on time, 29 percent were delayed or subject to challenges, and 4 percent had been dismissed as no longer relevant. I do not know if there have been any consequences for the 33 percent failure rate.

Our team commenced and shepherded an 18-month contract with Cure International for development of an Afghan right or what we call Tier One hospital standards that was completed in the fall of 2011. I am told by Brigadier Parker that these standards have

gained some effectiveness as validation teams first deployed in 2012 to inspect but these inspection events remain quite intermittent and as the many attempts at no notice inspections in 2010 and 2011 indicated, there is no lack of leaks in the inspection system timetables.

Unfortunately, any non-statically selected audit unit finding cannot be generalized to the entire inventory. That is just a fact. This is a fallacy that I noted even in the May DOD IG report of compliance on page nine.

A new Surgeon General, Major General Musa Wardak, has replaced Major General Totakhil who replaced Major General Yaftali in December 2010. As with the appointment of Major General Totakhil, great expectations accompany this change but the last Surgeon, Major General Totakhil had been unable to muster the support from the Ministry of Defense to actually enforce the standards to reassign personnel as the February 1, 2011 combined MOD and NTM–A IG inspection documented.

Throughout 2011, senior Afghan MOD officials stated they were all powerless to get the even 11 nurses who repeatedly did not report to work but were kept on the payroll at the National Military Hospital preventing the hiring of competent nurses the U.S. had trained. They were "protected" while nursing staff was undermanned and unable to adequately care for the soldiers.

I personally took this to Major General Totakhil, Chief of the General Staff, General Karimi, and First Deputy Minister Nasari without any effect. Long after Major General Yaftali had been relieved. The criminal patronage networks remain in place at the Daoud Khan Hospital. I hope this change in leadership at the Surgeon General's office has been accompanied by changes in MOD support but history provides little in support of that hope and of course, hope is not a plan.

Today, not just in 2010 or 2011, individuals wearing ANA uniforms being paid salaries that U.S. taxpayers support and who perpetrated or allowed to be perpetrated unspeakable abuses upon Afghan soldiers, civilians and family members walk the halls of the Daoud Khan Hospital unrepentant, unscathed, enriched and still unprosecuted.

I am informed they are running very active private fee for service practices with our equipment, fuel, supplies and drugs at the National Military Hospital. The rule of law, despite years of effort, does not exist in Afghanistan and the lack of justice, the most essential of essential services that any legitimate government must provide to its people, is the ultimate anti-counter insurgency strategy that we must cease to support and fund.

None of this is the fault of the iteration of mentors that has faithfully answered the call to deploy in support of the Afghan Army health system. They all came to make a difference and I honor their service under extremely difficult and dangerous conditions not only from potential insurgent attacks, and receiving varying levels of leadership support under the rules of engagement that exist for medical mentoring.

However, they were and remain unprepared or equipped to deal with the impacts in their arena of the criminal patronage networks that continue to defeat the coalition. The DOD IG recommended

DOD program instruction for medical mentors created with the input of those who had lived in Afghanistan for the pre-deployment, resiliency, ethics and medical stability operations training has language due to the Services not agreeing on a single curriculum site or funding source while billions of dollars continue to flow into Afghanistan where there exists as repeatedly documented by every accounting audit to date, a persistent lack of fiscal accountability of these funds.

I have attempted to provide some information to assist in the Committee's investigation into the corruption and mismanagement at the Daoud Kahn Hospital with this statement and in the documents submitted.

I am at your disposal to answer any additional questions that you might have.

[Prepared statement of Colonel Geller follows:]

Chairman Chaffetz, Ranking Member Tierney, Members of the Subcommittee on National Security, Homeland Defense and Foreign Operations of the House Committee on Oversight and Government Reform:

Thank you for the invitation to testify before this body regarding the U.S-funded and staffed medical mentoring mission in support of the Sardar Mohammed Daoud Khan National Military Hospital built by the Russians in 1973 in Kabul, Afghanistan regarding which I have almost 24 consecutive months of accumulated first-person information. I continue to receive follow-up from Afghans inside the facility and very recently from the current ISAF Medical Advisor, an officer whom I greatly respect and admire, U.K. Brigadier Christopher Parker.

I was the Command Surgeon for the NATO Training Mission- Afghanistan/Combined Security Transition Command-Afghanistan from 20 Feb 2010 through 18 Feb 2011 when I transitioned to HQ International Security Assistance Forces to work as deputy to Rear Admiral Upper Half David Smith, the ISAF Medical Advisor or MEDAD. I was a by-name request by GEN David Petraeus to stay a second consecutive year in Afghanistan to work on his MEDAD's staff due to my unique experience and expertise. I have provided a number of documents into the Committee's record in support of my testimony today including the 25 page Memorandum for Record that I completed on 09 Dec 2011 at the direct request of LTC Carlise, U.S. Army attorney at US Forces Afghanistan who was tasked by GEN Allen with collecting all of the documents for the Secretary of Defense's response to Chairman Issa's and Subcommittee Chairman Chaffetz's Oct 13 2011 request for documentation surrounding the alleged corruption and abuses at the National Military Hospital. As you know, these abuses were made public in a 3 Sept article by Maria Habib in the Wall Street Journal after a series of interviews with Afghan and coalition personnel in July and August 2011. I understand the Secretary of Defense officially made available my December 2011 memorandum for this committee on 16 July 2012, seven months after it was produced. I have shared several gigabytes of documents, pictures and video over the last few months with Mr. Tom Alexander and more recently Mr. Carlos Uriarte.

Two weeks after the transmission of that memorandum to LTC Carlise, GEN Allen initiated a 15-6 investigation into my allegations although it was not the first he had heard of them. GEN Allen sent Col Bruce Pagel, a US Army Reserve attorney working for GEN Allen's chief military attorney Marine Colonel Mike Jordan to interview me in August of 2011 after a line of questioning by Ms. Habib indicated a concern about a delay in calling in the DoD IG to look into the National Military Hospital abuses. When Col Pagel, accompanied by a young USMC Captain attorney, asked me if there was any reason to believe LTG Caldwell delayed the investigations into the NMH I replied: "Any reason to believe? I know it for a fact." He repeated that last phrase somewhat incredulously but then listened as I relayed the information that you have in the 25-page MFR to him while the young Captain took copious notes. I provided a number of corroborating witnesses to interview to ascertain my veracity. I heard nothing further regarding my clearly presented accusation of wrongdoing by a general officer still under the command of GEN Allen to a member of his military justice department. I heard nothing, that is, until I put it in writing to Congress four months later.

Shortly thereafter Ms. Habib made a request with ISAF's Public Affairs Office for an interview with me. Rear Admiral Lower Half Beck, GEN Allen's Public Affairs Officer, sent two junior public affairs officers to meet with me to assess my knowledge of the topic, the Daoud Khan Military Hospital. They listened in silence as I spoke for over forty minutes on the topic and then finally interrupted me with the question: "Have you ever had any PA training?" I responded to the affirmative and noted that every PAO I have ever worked with in the Air Force had told me to "talk about what I knew and always tell the truth" and that I hoped that also applied in the joint arena. They left and I was summoned to meet with Rear Admiral Beck the next day. After listening to what I was going to tell Ms. Habib his response was to state that I was clearly a disgruntled officer, could not be a spokesperson for ISAF, he was not going to allow her to have an official on-the-record interview with me and if I tried to meet with her I was "on my own." The warning was clear. He came to my office later and in front of CDR Terry Johnson, a Navy ENT physician assigned to my division, told me he was now going to tell Ms. Habib she could submit questions and I could submit answers to him that he would filter and edit before providing them back to Ms. Habib. Ms. Habib apparently refused as I never received any questions to answer but her article did indicate that ISAF had refused to make me available to her for an interview.

I spend time on these events as it was specifically that article that led members of Congress to request an investigation last year. But that article was not complete due to the command in Afghanistan providing half-truths and obfuscating the multilayered labyrinth of still active causalities not the least of which was the inability of the senior leadership to effectively engage and defeat the criminal patronage networks (CPN), some with ties all the way to the top of the Government of Afghanistan. Criminal Patronage Networks that had captured key institutions that were being supported and empowered by millions and in some cases billions of US dollars. One such organization captured was the Sadar Mohammed Daoud Khan Hospital in Kabul. In that case, in addition to money and materials, lives were also lost and patients and mentors alike suffered. As GEN Allen clearly stated before Congress in his March testimony, no prosecutions had occurred to that date and none have yet occurred in regard to the events of 2010. Ee Afghanistan ast (this is Afghanistan.) The rule of law expectations of western donor nations is a goal yet to materialize.

In recent testimony before the Subcommittee on Oversight and Investigations of the House Armed Services Committee I noted that Mr. Sedney asserted that the US had spent only $185M in 9 years on the entire Afghan military medical system. My team discovered early on that no reliable accounting of dollars spent existed prior to 2007 but we had been mentoring medics since 2003 and the Daoud Khan Hospital since 2005. Considerably more than $185M has been utilized in the development of the Afghan Army health system by many donor nations. The U.S. had spent $153M just on medical supplies and meds from 2007-2010 with over $42M in pharmaceuticals delivered in 2010 alone. This did not count the building and equipping of four 50-bed hospitals, three 50 bed hospital extensions and medical barracks, numerous Troop medical clinics, years of 65-85% of all of the Afghan military medical personnel salaries and 100% of their incentive bonuses, US MILPERS costs for medics, multimillion dollar MPRI and DynCorp medical personnel contracts and the millions of dollars of additional TRICARE costs to the DoD for the loss of years of deployed military physicians, PA's and Nurse practitioners used as trainers/mentors. We supply 100% of the fuel and food to the Afghans Army including the Daoud Khan

Hospital where it was routinely pilfered enriching the CPN's. The enormously expensive Level III facilities in Afghanistan are filled with Afghans; approximately 60% of all beds were filled with host nation personnel in 2010 and 2011; all supporting the Afghan military health system that would have received them. Essentially all of the air evacuation of Afghans from the battlefield is by US assets; again, our nickel. Many bilateral medical support agreements also exist with other nations with unsupportable and unsustainable hemodialysis machines and a lithotripsy machine purchased with such support just in 2009-10. Turkey and Egypt and India all also provide direct medical care support to the Afghan Army in addition to training. Canada has taken on a large training mission at the Afghan Forces Academy of Medical Sciences (AFAMS). Japan provided $23M for drugs for the ANA in 2010 alone and built a 150 bed hospital for the Afghan Police from 2009-2011. And let's not forget that 75% of all dollars spent in Afghanistan for healthcare are extracted from the Afghan people themselves as out-of-pocket expense. Afghan soldiers' families have sold their farms and indentured themselves for healthcare in the US- and coalition-supported Daoud Khan Hospital. We also supply funds through the Ministry of Finance that are placed on-budget through the Deputy Ministry of Defense for Finance, MG Amaree, into budget lines in support of the Health department. These amounts had been approximately $5M each year up to 2010 when over $11M was placed directly into the MOD's health department budget for purchase of equipment and supplies and medicines.

It is these monies from 2005-2009 that MG Yaftali is most suspected of embezzling by the Afghan Army legal department. This would not be able to have been accomplished without the Deputy Minister of Defense for Finance's complicity and why the legal department also wanted to have him court-martialed. Rule of law again was thwarted by CPN's. These monies are subject to Afghan contracting processes and this remains very poorly regulated with 100% of vendors still failing to meet contract requirements as noted in the May 7 2012 DoDIG Report pages 6 and 7. Vendors are not vetted as to their abilities to perform but other "softer" non-transparent criteria. Unlike the DoDIG who stated they had not, I have personally sat through a contracting meeting for pharmaceuticals with BG Shamin and BG Safir where vendors clearly identified as having no capability to import the required contractual drug were still awarded the contract. I took this personally to Minister Wardak to no avail as he told me he was convinced of BG Safir's honesty. However, this is how the counterfeit morphine was repeatedly procured leading to hundreds of soldiers who were forced to suffer through surgical procedures and operations without analgesia. I reported this to my chain of command, the CJ-2 (Intelligence) debriefers, US Army Criminal Investigators (CID), and TF Shafafiyat all in 2010 just as I reported the diversion of US Morphine purchased by NTM-A/CSTC-A to pharmacies controlled by ANA medical generals and the exact location of the downtown Kabul warehouse where they were stored. Nothing was done. In fact, the whole thing was turned over to the Afghans and I supplied Col Eugene Baime, the Investigative Officer for GEN Allen's 15-6 investigation in Dec of 2010, the 201st Corps military judge's musings after he had dismissed all charges in regards to the counterfeit morphine scam. The judge's NTM-A mentor wrote to his chain of command that the judge knows that BG Shamin and BG Safir are guilty but he cannot prosecute them due to their connections (CPN's) and so there was nothing else he could do but dismiss the case. No witnesses will come forward. Ee Afghanistan ast.

Revisionist history as noted in the apparent "new" reporting of patient abuse on 1 February 2011 that was the sudden impetus for the second visit by DoDIG to Daoud Khan Hospital in February or the lack of any knowledge before November of 2010 of the patient abuses at the National Military Hospital by the NTM-A chain of command will not provide any illumination. Such history is filled with audio but no accompanying video to support. In addition to my Memorandum for record the report "Leadership Failure at the NMH and OTSG" generated for NTM-A with the assistance of many sources including NTM-A IG, COL Mark Fassl provides clear insight as to what was known when as do many additional documents and e-mails also provided in my supporting documents. Leadership failures were not the exclusive realm of the Afghans. To get out of a labyrinth you must retrace your steps to see how you got there in the first place.

As I close I wish to state that there has been progress made in regards to the health department of the Afghan National Army most notably with the codification of a Strategic Plan for an Afghan National Security Forces Transition Objective for Health that consumed essentially the entire year of 2011 under the leadership of the ISAF MEDAD's office. This would never have been accomplished without the direct recommendation and follow-up of the DoDIG and was one of the many reasons that their outside look and report that would eventually end up at Congress was so critical to all of us in Oct of 2010. That Strategic Plan was signed by GEN Allen in Nov of 2011 and included 134 or so milestones that had to be met for the transition objective to be completed by 31 December 2014. The accountability phase of that was that the coalition would de-scope the transition objective by stopping funding and or mentoring of aspects if milestones were not validated as being met. Since then, as briefed to the NATO Military Committee in Brussels on 25 April this year, 51 of the milestones had commenced and 67% of those were either completed or on track to complete on time; 29% were delayed or subject to challenges and 4% (i.e. 2 objectives) had been dismissed as no longer relevant. I do not know if there have been any consequences for the ~33% failure rate. Our team commenced and shepherded an 18-mo contract with Cure International for development of an Afghan Right, or what we called Tier One, hospital standards that was completed in the fall of 2011. I am told by Brigadier Parker that these standards have gained some effectiveness as validation teams first deployed in 2012 to inspect but these inspection events remain quite intermittent and as the many attempts at no-notice inspections in 2010 and 2011 indicated, there is no lack of leaks in the inspection system timetables. Unfortunately, any non-statistically selected audit unit finding cannot be generalized to the entire inventory. That is just a fact. This is a fallacy that I noted even in the May DoDIG report of compliance on page 9.

A new Surgeon General MG Musa Wardak has replaced MG Totakhil who replaced MG Yaftali in Dec 2010. As with the appointment of MG Totakhil, great expectations accompany this change but the last Surgeon, MG Totakhil, had been unable to muster the support from the Ministry of Defense to actually enforce the standards or to reassign personnel as the 1 February 2011 combined MOD and NTM-A IG inspection documented. Throughout 2011 senior Afghan MOD officials stated they were all powerless to get even 11 nurses who repeatedly did not report to work but were kept on the payroll (tashkiel) at the National Military Hospital preventing the hiring of competent nurses the US had trained. They were "protected" while nursing staff was undermanned and unable to adequately care for the soldiers. I personally took this to MG Totakhil, Chief of the General Staff GEN Karimi and First Deputy Minister

Nasari without any effect long after MG Yaftali had been relieved. The Criminal Patronage Networks remained in place at the Daoud Khan Hospital. I hope this change of leadership at the Surgeon General's office has been accompanied by changes in MOD support but history provides little in support of that hope. And, of course, hope is not a plan.

Today, not just in 2010 or 2011, individuals wearing ANA uniforms, being paid salaries that US taxpayers support and who perpetrated or allowed to be perpetrated unspeakable abuses upon Afghan soldiers , civilians and family members walk the halls of the Daoud Khan Hospital unrepentant, unscathed, enriched and still unprosecuted. I am informed that they are running very active private fee-for-service practices with our equipment, fuel, supplies and drugs in the National Military Hospital. The Rule of Law despite years of efforts does not exist in Afghanistan and the lack of justice, the most essential of essential services that any legitimate government must provide to its people, is the ultimate anti-counterinsurgency strategy that we must cease to support and fund.

None of this is the fault of the iterations of mentors that have faithfully answered the call to deploy in support of the Afghan Army health system; they all came to make a difference and I honor their service under extremely difficult and dangerous conditions, not always only from potential insurgent attacks, and receiving varying levels of leadership support under the rules of engagement that exist for medical mentoring. However, they were and remain unprepared or equipped to deal with the impacts in their arena of the criminal patronage networks that continue to defeat the coalition. The DoDIG recommended DoD program of instruction for medical mentors created, with input from those who had lived it in Afghanistan, for pre-deployment resiliency, ethics and medical stability operations training has languished due to the services not agreeing on a single curriculum, site or funding source while $B continue to flow into Afghanistan where there exists, as repeatedly documented by every accounting audit to date, a persistent lack of fiscal accountability of those funds.

I have attempted to provide some information to assist in the committee's investigation into the corruption and mismanagement at the Sadar Mohammed Daoud Khan Hospital with this statement and in the documents submitted. I am at your disposal to answer any additional questions you might have.

Mr. CHAFFETZ. Colonel Geller, we thank you.

Colonel Carozza?

STATEMENT OF COLONEL GERALD N. CAROZZA, JR.

Colonel CAROZZA. Thank you, Mr. Chairman, ladies and gentlemen.

First, I want to say I am here in my personal capacity and my views are not to be construed as the views of the U.S. Army, or the Department of Defense.

Let me say up front that I don't believe any of this hearing is about a General who tried to influence congressional elections because I think the evidence is clear that after the election, General Caldwell did not want to the request to go to the DOD IG.

This is not about American leadership that is callous to the pain and suffering of Afghans, but I do think everyone here should take note of how callous some Afghan generals, colonels and physicians can be when it comes to human suffering of other Afghans, especially when we are arming those Afghans to the teeth.

My mission in Afghanistan was, among other things, to help develop the Afghan National Army's legal branch to promote respect for the rule of law, maintain discipline in an army and work to eradicate corruption within the ANA, the recipient of billions of dollars a year from the U.S. taxpayers.

However, General Wardak, the Defense Minister, was Karzai's strongman who prevented prosecutions of connected officers. Instead of a rule of law, there is a rule of impunity within the MoD. During my tenure and those of my predecessors, only one Afghan general in a general officer position was prosecuted. That was Major General Abufazl. He was the MoD IG who brought coalition officers into the hospital unannounced to help expose the horrifying conditions that bring us all here. He was prosecuted shortly before I left Afghanistan for losing his pistol.

Despite glowing success stories in 2009–2010 on NTM–A's public relations website about building enduring medical systems in the ANA, the reality was quite different. You all know that now.

I called for a DOD IG inspection by memo dated October 20, 2010 addressed to the NTM–A IG. Some have mischaracterized my recommendation as one to investigate the ANA's Surgeon General and other Afghans. That is not correct. My recommendation was for an investigation of the practices at NTM–A/CSTC–A. The reasons are in my memo of which you have a copy.

On Wednesday, October 27, 2010, the Command IG, Colonel Fassl, briefed General Caldwell's Deputy, Dr. Jack Kem, of the need for a DOD IG investigation. The Deputy declared this to be a "no brainer" and directed the Command IG to make the request to the DOD IG to send a team here to Kabul.

The request was made that day and I was invited by Colonel Fassl to participate in a BTC the next day on Thursday, which I did, with some medical personnel and other IG personnel and DOD IG personnel in Washington on the other end of the video conference. We were planning their trip to come to Camp Eggers.

The next day, Friday morning, October 29, I saw Colonel Fassl and he told me that General Caldwell had returned to Camp Eggers and was furious about the request. He said it was terrible

timing coming so close to the elections. Later that Friday night, General Patton held a meeting, which I attended with some other officers.

General Patton started the meeting by informing the group that General Caldwell was upset about the DOD IG request coming so close to the election and we were to consider postponing it until afterwards. That comment confirmed to me what Colonel Fassl had said to me earlier in the day about Caldwell's election comment. It was a stunning moment for me.

I have heard some saying that General Patton or Caldwell talked about elections with regard to consideration of second and third order effects. I can tell you that those words were not used by General Patton in that meeting and I can assure you that when I wrote my memo of October 20, 2010 calling for an investigation by the DOD IG, I did not consider for one second the effects it would have on the elections back home.

Toward the end of the meeting, it was a long meeting, General Patton again mentioned the congressional elections and the possibility of postponing the request until after them. I voiced concern to him about the inappropriateness of allowing such considerations into the military decision-making process. General Patton said nothing in response and then continued with the meeting calling out what he wanted to see accomplished as a result of the meeting.

The next day, I saw Colonel Fassl and he told me he was ordered to retract the request from the DOD IG. I recall him saying, how the hell am I supposed to do that.

After the U.S. elections, General Caldwell held a meeting and the three gentlemen at the table with me today were a part of the meeting. I was not there but I do know as a result of the meeting, General Neasmith was tasked to form another committee to look into whether or not the DOD IG request would move forward at all. This was after the elections.

I participated in those meetings for several days and as a result, General Neasmith strongly urged General Caldwell to let the request go forward. General Neasmith told me that personally. I do know that the request went forward; however, it went forward as an assistance request, not for an investigation. There was to be no mention of the conditions at the hospitals or the patients there. It was to be strictly to look at the practices of procurement of pharmaceuticals. It was to be a logistics issue.

That is all I have to say. I am here to answer any questions you may have.

Thank you.

[Prepared statement of Colonel Carozza follows:]

THE SUBCOMMITTEE ON NATIONAL SECURITY, HOMELAND DEFENSE AND FOREIGN OPERATIONS OF THE HOUSE COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

Investigation into the Facts and Circumstances Surrounding Alleged Corruption and Mismanagement at the Dawood National Military Hospital (NMH), Kabul Afghanistan

July 24, 2012

Statement of Gerald N. Carozza, Jr., Colonel, Judge Advocate, U.S. Army (Retired)

Chairman, Ladies & Gentlemen:

My name is Gerald Nicholas Carozza, Jr., Colonel, U.S. Army Retired. I served in Afghanistan at the rank of Colonel as the Chief of Legal Development for the Afghan National Army (ANA) and the Ministry of Defense (MoD) from April 2010 until March 2011. I was the senior legal advisor (trainer) for each entity. During my tour, I was also tasked to be the leader of the Parliamentary Affairs Advisory element for the Ministry of Defense.

I was asked by the DoD if I would be appearing in an official capacity or personal capacity. I am here in my personal capacity to provide my recollections of events in Afghanistan and my personal assessment of those facts. My views are not to be construed as the views of the U.S. Army or the Department of Defense.

I am not here to attack any particular person. I am here out of concern for an institution to which I devoted my life, and risked it - the U.S. Army. I am here out of respect for the role of the legislative branch in raising and funding our Armed Forces. I bore witness to some events that are indicative of a serious problem with some leadership in our Armed Forces with dire consequences to the values and the hard earned reputation our military has reestablished in the decades since the Vietnam War.

Let me say up front, that I don't believe this is about a general who tried to influence Congressional Elections because I think the evidence is clear that after the election, the Commanding General did not want the request to go to the DoD IG at all. What this hearing should be about are attempts to over control the message. It is about some leadership that puts

the best foot forward and relies on the hard built reputation earned by the military to soften any belief that there is a need to see the other foot. It's about teenage honesty - statements made that are themselves true, but without other material information, don't portray a complete and truthful picture to the recipient who wants to know what is really happening on matters of great importance to our nation and its sons and daughters. This is not about American leadership that is callous to the pain and suffering of Afghans, although all should take note of how callous some Afghan generals and colonels and physicians can be when it comes to human suffering of other Afghans - especially when we are arming them to the teeth.

My mission in Afghanistan was among other things to help develop the Afghan National Army's legal branch to promote respect for the rule of law, maintain discipline and work to eradicate corruption within the ANA. I built upon the work of Army JAG officers who preceded me. When I left in March of 2011, the ANA legal branch had a judiciary consisting of 90% trained lawyers under Afghan standards. 80 percent of ANA legal positions were filled. All Corps except the newest 215th in Helmand had court facilities and detention facilities, although the two year old detention facilities in 209th Corps and at Darulaman had to be rebuilt because of shoddy construction - a problem all too common with construction projects in Afghanistan.

The ANA had a legal system in place that could accomplish its mission except for one thing: the respect for the rule of law required by those who held the true power and influence within the Ministry of Defense and the Government of the Islamic Republic of Afghanistan (aka GIROA). President Karzai reserved all decisions on general officer positions to himself and General Wardak, the Minister of Defense, retained all decision making matters on all Colonel positions including legal positions, despite laws on the books to the contrary. Instead of a rule of law, there was a rule of impunity within the MoD. During my tenure and those of my predecessors, only one Afghan general in a general position was prosecuted: Major General Abufazl. He was the MoD IG who brought coalition officers into the Dawood Hospital unannounced to expose the horrifying conditions that bring us all here today. He was prosecuted shortly before I left Afghanistan for losing his pistol.

The U.S. has no legal authority over the Afghan defense officials. The U.S. Gives them money and resources, mostly through the Combined Security and Assistance Command - Afghanistan (CSTC-A) of which General Caldwell was commander, with no strings attached. In 2010, General Caldwell would speak of his "burn rate" of spending 900 million U.S. dollars a month through CSTC-A to the Afghans. When Afghans steal money and resources that originated with the U.S. taxpayers, but were given to the Afghan government, they violate no U.S. law or treaty. When Afghans use military hardware like helicopters purchased with U.S.

taxpayer money for non military missions, they violate no U.S. law. Members of the U.S. Military and law enforcement cannot perform the kinds of intrusive investigations required in criminal cases; e.g.: wiretapping, breaking down doors, seizing records and persons and other evidence. The Afghans have to do so, through GS Legal, the self contained military justice system that oversees all Ministry of Defense personnel, except the Minister of Defense.

When we see signs of theft and pilfering by Afghans, signs that would lead us in the west to open criminal investigations with the power to seize evidence, the Afghans respond to our concerns with a demand that we show them evidence that the Afghans can use in their courts. We can't, because we cannot perform the kind of intrusive and effective investigations required. GS Legal can't conduct effective prosecutorial investigations because the powers that be within MoD won't let them. When the U.S. and Coalition put tremendous pressure on the Afghans, they respond that they have looked into the matter and find no wrongdoing. If we ask to look into their investigation or investigate with them, they cry that their sovereignty is being assaulted and insist that we back off. We do. At that point the only thing we can do is not give them more money and resources, or decide to give them more money and resources if they promise for the umpteenth time to behave. They promise. Then the U.S. gives more resources and money to a "sovereign" government. And so it goes.

I was one of the officers that urged the Command Inspector General (IG) at the NATO Training Mission - Afghanistan (NTM-A) and the Combined Security Transition Command - Afghanistan (CTSC-A) to report to the Department of Defense (DoD) IG the potential fraud waste and abuse occurring at NTM-A/CSTC-A regarding its ineffective support to the ANA's medical system, including the Dawood National Military Hospital. Some have mischaracterized my recommendation for an investigation as one to investigate the ANA Surgeon General and other Afghans. However, my recommendation was for an investigation of the practices of NTM-A/CSTC-A as it related to the funding and other support of the Afghan Army's medical system, not of the Afghans.

There were glowing stories on NTM-A's public relations web site about the progress of the ANA medical system. In early 2010, NTM-A upgraded the status of the ANA Medical system to CM3 from CM4, a rating of that systems capability as NTM-A sought to position the ANA to take over the mission of the Coalition forces. However, throughout 2010, the field would report that military doctors and nurses were not treating Afghan soldiers with medicine and were refusing to report for duty in the south where fighting was most intense and the need for health care providers was greatest. Reports included Afghans performing surgery on Afghan soldiers without morphine in a land that is the world's opium dealer. NATO commanders responsible for

ANA units fighting in the field would complain about the lack of medicine and demand NTM-A supply medicine to the Afghan units. NTM-A continued to procure large quantities of medicine but the complaints from the field continued.

In the July/August time frame of 2010, ANA legal officials were developing an embezzlement case against the ANA's Surgeon General, Major General Yaftali and the Ministry of Defense Director of Finance, Major General Amiri. As set out in my memo dated October 20, 2010 to the NTM-A IG, Colonel Mark Fassl, the number was believed to be up to $20,000,000.[1] The Chief of ANA GS Legal asked me to have NTM-A provide an official tally of how much pharmaceuticals NTM-A supplied to the ANA. He felt such information would help his prosecutors build their cases against Yaftali and Amiri. Initial numbers provided by the Medical Training Advisory Group (MTAG) were staggering. It appeared from the amount of medical support provided by the Coalition, almost all from the U.S. taxpayers, and the paltry results, that there was a gross leak in the system.[2] The MTAG also provided some historical information that based on my experience investigating embezzlement and kick-back schemes, raised flags about possible fraud waste and abuse on the side of the Coalition. Afghans were also making accusations of coalition fault for the embezzlement and pilfering of ANA medical supplies. Finally, when the NTM-A Command IG, Colonel Mark Fassl, told me that three different arms of CSTC-A (CSTC-A operates as the U.S. Checkbook that funds the ANA) provided three different numbers regarding the amount of medical support provided by the U.S. to the ANA, it seemed appropriate that procurement practices be scrutinized. Working with the NTM-A Command IG on this struggle to find out how much medical support NTM-A/CTSC-A had provided, I gave him a written summary of the problem and the seeds of concern regarding fraud waste and abuse on the side of NMT-A/CSTC-A. A copy of that memo dated October 20, 2010 is enclosed as exhibit A.

Note that I first mentioned to the Commander of NTM-A the issue with the Surgeon General and corruption in general in an e-mail dated August 25, 2010, which e-mail string is enclosed as exhibit B. I believe this e-mail is the one referenced in the September 3, 2011 WSJ article that spawned the committees' investigation, although it was slightly mischaracterized. The WSJ characterized the message as one originating with me and responded to by LTG Caldwell when the opposite was true. The string started with a message from LTG Caldwell to

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[1] Note that subsequently, it became unclear if the number was $5,000,000 over a four year period or 5,000,000 per year over a four year period. There were translation issues which led me to believe it was $5,000,000 over the four year period.

[2] Note, that subsequent analyses of the quantities of medicine provided to the ANA indicated that the amount supplied may not have been enough to supply the ANA's needs for ten years but it was certainly more than enough and much more than what was actually getting to the ANA's patients.

me and another advisor in reaction to our comments in the daily report of activity with the Afghan National Army and MoD leadership. We had separately reported on how despondent our Afghan general officers were about the corruption within the MoD and ANA; how it was dooming Afghanistan to failure; and how the Coalition was not doing enough to help stop it. LTG Caldwell sent us a message essentially saying the Afghans had to deal with their corruption and all we could do was encourage them to do the right thing. I then responded to LTG Caldwell with specific instances of corruption that involved allegations against the highest levels of leadership, including the Surgeon General, and how it would require his efforts to compel action against the corruption that is rotting the ANA from within.

The NTM-A Command IG had the traditional IG function of taking complaints and investigating them, which in itself was a full-time job. He was also responsible for advising both the ANA IG and Afghan National Police IG with his staff traveling to four locations each day to train the Afghan IGs. He stated he did not have the capacity or expertise to conduct an investigation of the medical situation but agreed with the need to do so. Having received numerous complaints of corruption bleeding Coalition resources in many other Afghan departments, he thought it prudent to recommend that the command bring in a team at the DoD IG that specialized in medical logistics fraud waste and abuse to investigate the problems with the ANA medical development mission. As fellow advisors, we thought it would be an excellent opportunity to not only have an investigation of our internal procurement and delivery practices, but to demonstrate to the Afghans that we practice what we have been preaching in our advisory roles - transparency and accountability. It also presented an opportunity to have the DoD IG partner with the Ministry of Defense IG to investigate the problems with the ANA's medical logistics. The U.S. recently had started a program of having DoD civilians deploy to Afghanistan to advise their civilian counterparts in the Ministry of Defense and this opportunity seemed to fit the bill in every respect.

The Command IG decided to brief the NTM-A Command Group to alert them to the serious problem and of the need to bring the DoD IG medical logistics team to Kabul. The NTM-A Chief of Staff, Colonel Joseph Buche directed him to the civilian Deputy to the Commander, Dr. Jack Kem, for the briefing. I thought this would be an information briefing to advise the command of the investigation request that was being made. However, COL Fassl told me he wanted to get command buy in so he was going to present it as a decision brief.

On Wednesday, October 27, 2010, the IG presented his briefing to Dr. Kem in the presence of the Command Staff Judge Advocate (Colonel Marian Amrein, U.S. Army), Chief Advisor for Counter Corruption (Captain Steven Andersen, U.S. Coast Guard), the Command

Surgeon and Medical Advisor (Colonel Schuyler Geller, U.S. Air Force) and myself. He opined that a DoD IG investigation into the irregularities of the procurement and delivery of medical supplies to the ANA was essential and that the DoD IG should partner with the Afghans to determine what happened to the supplies once given to the ANA. The Deputy declared this to be a "no brainer" and directed the Command IG to make the request for the DoD IG to send a team.

The Command IG quickly made contact with Ambassador Kenneth P. Moorefield of the DoD IG Special Plans and Operations division requesting that he send a team to NTM-A to conduct an investigation. Then he invited me to sit in on a video conference call the next day with DoD-IG folks in Washington to help them prepare for their trip to Kabul. On Thursday, October 28, 2010, I sat in on the Video Conference with members of NTM-A's IG section, the MTAG section and members of the DoD-IG in Washington, DC.

Late Friday morning, as I was on my way to an Afghan bazaar, COL Fassl told me that upon Lieutenant General Caldwell's return to Camp Eggers he was very upset at the decision to bring in the DoD IG. COL Fassl told me that Caldwell commented that this was not good timing coming on the eve of the U.S. Congressional Elections. Later that Friday night, the Deputy Commander for Army Training and Development, then Brigadier General Gary Patton convened a meeting to discuss the request to the DoD IG. The Command IG was not present. At the meeting were BG Patton, Colonel Dale Buckner, Colonel Chuck Hamel (Canadian and advisor to Minister of Defense Rahim Wardak), BG David Neasmith (Canadian), Colonel Schuyler Geller, Captain Steven Andersen (USCG) and me. At the outset of the meeting, BG Patton informed the group that Lieutenant General Caldwell was upset about making the request to DoD-IG so close to the election and we were to consider postponing it until afterwards. No one said another word about the elections at that point. The comment confirmed to me what COL Fassl had said before about Caldwell's election comment. It was a stunning moment for me.

I have heard that someone is saying that General Patton or Caldwell talked about elections by asking if "second and third order effects" were taken into consideration, the effect on the elections being one of those effects. The words "second and third order effects" were buzz words used often and mean "unintended consequences." Those words were not used by General Patton when he mentioned the elections. I can't say whether General Caldwell used those words when he spoke of the elections. I can say that whoever is trying to portray the use of the words and concept of unintended consequences as a mitigating circumstance is trying to cloud the issue with nonsense. Is that person saying that officers in a combat zone when making decisions on the conduct of war are supposed to weigh the effects their decisions may

have on an election back home? I don't recall that point being made when I learned about the Military Decision Making Process. You members of Congress, senior leaders of the military and others can weigh in on the answer to that question and the military war colleges and command and general staff schools will be listening to your answers to that question as they groom our future military leaders. I can tell you firmly and proudly that while I drafted my memo of October 20, 2010 to the IG, I did not think for one second about the consequences that it might have on the election back home.

After General Patton's introductory remarks to the Friday October 29th meeting, the following issues were then discussed: the substance of the problem with our support to the ANA medical system; how to present the facts of the DoD IG visit to Minister Wardak and the Afghans; the preparation of a ghost note from Lieutenant General Caldwell to General Petraeus to explain the problem and the call to the DoD-IG; whether to disclose the problems with the ANA medical system to the State Department for them to consider disclosing the problems to the Government of Japan (Japan was about to make a substantial monetary donation to the ANA's medical system); and whether the request should be changed to a perceived less intrusive assistance visit.

Later in the meeting, General Patton again mentioned the Congressional elections and the possibility of postponing the request until after them. I voiced concern about the inappropriateness of allowing such considerations into the decision making process. I made it clear that I was not at the meeting as a legal advisor to the Command Group and that my comments were not legal advice but simply words grounded in a tradition that military officers should neither make decisions based on politics nor allow an appearance of such. I said that neither he nor General Caldwell want to be before Senator Levin or Senator McCain at a hearing explaining why a decision was delayed until after the election. I also said that the discussion of the elections made no sense because the request was staying within the DoD and would sit dormant over the weekend. By the time it began internal staffing, the election would be over. General Patton said nothing in response and continued with the meeting calling out what he wanted to see accomplished as a result of the discussion.

We concluded the meeting with guidance on how to present the issue to the Afghans and very clear instructions that if this moves forward, it would be a request for DoD IG assistance and not an investigation. Ghost notes were to be prepared from Caldwell to Petraeus and Caldwell to Ambassador Moorefield. General Patton did not say what his recommendation would be regarding postponement of the request. The next day, Saturday, I saw COL Fassl,

who told me that he was ordered to retract the request from the DoD-IG. He said to me "how the hell am I supposed to do that?"

After the U.S. elections of November 2, 2010, a meeting was called in Lieutenant General Caldwell's office. Although I was not invited to this meeting, its events were relayed to me by three officers who were there and all three descriptions were in sync. Lieutenant General Caldwell screamed at these three officers, waiving his finger at them for trying to bring in the DoD IG. He said "you are all O6s (the pay grade for Colonels and Naval Captains) and should know better. There is nothing wrong in this command that we can't fix ourselves." To the great credit and moral courage of these officers, they stood their ground and insisted that bringing in the DoD IG was appropriate and necessary. As a result, Lieutenant General Caldwell directed that Assistant Commanding General for Army Development, then Brigadier General David Neasmith (Canadian), examine the issue and make a recommendation to him on whether the request to DoD IG proceed.

Now, anyone who has made representations to this or any other Congressional committee that the DoD IG request to investigate NTM-A's support of the ANA medical system originated with Lieutenant General Caldwell and was supported by Lieutenant General Caldwell prior to the elections is presenting a patently false proposition. The idea originated with me and possibly Colonel Geller on an independent track. The evidence is clear to me that General Caldwell had the request withdrawn and postponed until after the election and then, after the election, tried to intimidate his subordinates into a consensus that it need not move forward at all. Re-look at General Caldwell's October 29, 2010 e-mail to General Petraeus which has been presented to some Congressmen to portray the idea as General Caldwell's. Knowing that the request was already made, he ordered it withdrawn and days later attempted to be squash it altogether, you will see that October 29 e-mail as a Teenage Honest communication from a subordinate to a superior.

Some have said that General Caldwell was upset because the request to DoD IG was authorized prior to briefing General Wardak, the Afghan Minister of Defense. It seems absurd that a U.S. Command would need to get the permission of General Wardak to call in an investigation of the U.S. Command's procurement practices and its ineffective support of the Afghan Army. Certainly a briefing that it was happening is appropriate AFTER the fact. This again seems like a smoke screen being thrown up by those seeking to mitigate the effects of some inappropriate conduct by a command group. I can tell you that there were numerous instances of General Wardak proceeding with directives and other initiatives within the ANA that were of huge import and contrary to U.S. desires without giving the Coalition advance or even

post-action notice, despite having two coalition colonels and a civilian advisor at his disposal to facilitate communications. We often learned of AWOL amnesty decrees or directives that effected command and control of the military may days and sometimes weeks after General Wardak distributed them to his staff officers who would later let them leak out to the various Coalition advisors.

After the finger pointing meeting, BG Neasmith tasked Colonel Burba, a recently arrived Colonel with a logistic background, to lead an inquiry into whether the request for a DoD IG visit of any kind should proceed. Several meetings took place, and at times debate was heated. During this process, the Command IG received numerous complaints from members of the U.S. Medical Training Advisory Group (MTAG) of horrid conditions at the Afghan National Military Hospital in Kabul, the "crown jewel" of the ANA medical system. In his capacity as advisor to the Ministry of Defense IG, he began a series of joint inspections of the National Military Hospital with the Afghan IG. What he saw was horrifying. Patients were lying in filth, in some cases starving and with grotesque bed sores. One patient who was on the brink of starving to death, became known to the advisory team as "Patient Zero." Sadly, despite intense efforts led by the U.S. Medical Advisory Group to save him, Patient Zero died.

The Ministry of Defense IG disclosed that Afghan doctors and nurses would not tend to patients unless the patients were from their clan or they were able to pay gratuities for the care. Most of the doctors and nurses, all officers of the ANA, would only show up to work from 10 AM until about noon and then proceed to their private clinics where their income opportunities were greatest. Keep in mind that these officers were already being paid to serve as full time Army doctors and nurses. Their salaries were almost entirely subsidized by the U.S. taxpayer to a level up to 20 times the $400 average annual income for an Afghan household. The "leakage" in the ANA medical system went far beyond the pilfering of medical supplies.

After Colonel Burba concluded her meetings, BG Neasmith urged Lieutenant General Caldwell to allow the DoD-IG request to go forward. LTG Caldwell authorized the request to go forward but strictly for "assistance" limited to the issue of bettering the logistic channels for the ANA's medical supplies. The request would not mention the Auschwitz like conditions at the National Military Hospital.

While the request to DoD-IG made its way forward, NTM-A's Army Development team began meeting regularly after hours to take short-term steps to provide immediate relief to the suffering Afghan patients at the National Military Hospital. Understand that the duty hours at Camp Eggers were from 8 AM to 8 PM every day of the week except Fridays, when advisors to

the Afghans had a few hours in the morning to themselves because the Afghans would not work on their sabbath or "Juma." Many Afghans at all levels worked half days. More than once through bleary eyes, someone from the advisory team would comment that the Afghans need to care about making things better more than we do. Still, we knew we were there to accomplish a mission and do all we could to succeed. If the Afghan mission fails, it won't be because every soldier wearing a Coalition uniform did not give all of his heart and soul, if not life or limb to the effort.

The steps we took to immediately make things better were on several fronts: medical, legal and engineering. From the medical side, the MTAG decided to accelerate the residency phase of the military medical students so they could make rounds and at least provide sanitary conditions for the patients by changing dressings, sheets and providing meals that the doctors and nurses protected by their leadership refused to do. From the engineering and facilities side, parts to repair heating systems were expedited and installed. Another facilities issue was unstable power from Kabul's grid being unsuitable for the medical equipment. The National Military Hospital had a generator farm capable of 24 hours a day operation to provide clean stable power. However, the fuel for the generators was not secure and was regularly pilfered. U.S. engineers changed the locks on the fuel tanks and placed an order of Coalition supplied fuel for immediate delivery to the National Military Hospital so the generators could begin running 24/7. On the legal side, we prepared a patients' bill of rights with the Afghan legal and medical folks and a pictorial poster designed to be placed in all areas of all ANA medical facilities to let soldiers and family members know what they were entitled to and how to report abuses.

The Afghan's counter-measures to our efforts were mind numbing. Many of the medical students failed to show up after they were threatened with violence. Those students who did show up to work with Coalition Advisors and ANA medical trainers found that the doctors and nurses had hidden the patients' charts. The first shipment of fuel never made it to the National Military Hospital, being stolen by ANA personnel. The Patients' Bill of Rights posters were found ripped off the walls lying on the ground torn to pieces "to allow for painting of the walls." With heavy hearts, we wondered if anything could be done when we cared more than they did. Many members of the MTAG team were burned out, deeply disturbed by the inhumanity in which they were immersed. Deeply disheartened, we soldiered on. Eventually fuel got to the hospital and to our surprise, Karzai, who controls all general officer hiring and firing, agreed to allow the transfer of the National Military Hospital Commander and the ANA Surgeon General, although he still was in a paid status while subject to "investigation." My advisee, who under Afghan law had the theoretical legal power to investigate and prosecute, in reality, was impotent to do anything

about it. The power to stop such prosecutorial investigations clearly lied with the Minister of Defense, although I and others were convinced he did not have the power to let them proceed.

During the tail end of 2010, the status of the ANA medical system was downgraded from CM3 to CM4, meaning it was totally dysfunctional. At the end of my tour, while waiting for my flight home from Kuwait in March of 2011, I had lunch with a Special Forces Colonel who was an advisor to the ANA Ground Forces Commander. He mentioned to me that in 2005 he personally observed the conditions in the National Military Hospital and they were the same then as we discovered them in late 2010 - brutal and atrocious. With conditions not changing from 2005 to 2010, why did the assessment and public relations reporting show improvement though early 2010 when the reality was clearly different? That is the key question to ask on the medical system and every other aspect of the mission to stand up the ANA. And the answers should be followed up with thoughtful questions to make sure the answer is not just the best foot forward. The American People and its leadership in all branches of government should not tolerate Teenage Honesty and personal politics within the U.S. Military. The consequences are too great and the costs are too high.

One Afghan general told me that corruption and its effects on the building of Afghan Security Forces is like the United States trying to fetch water from a well using a bucket that has no bottom. The fundamental cause of the waste of funds with the ANA medical system is a lack of leadership and accountability on the part of the Afghans. These men look like generals, colonels and doctors to us and many speak English well. Many are capable of callous greed and indifference to the well being of fellow humans. The same applies to the Afghan leaders and officers in other sections and units of the Afghan Security Forces. They are not leaders in the sense that we think of officers. They steal their soldiers' pay, medicine, food, fuel, bullets and blankets and sell them on the black market - even to the Taliban who might shoot their undersupplied subordinates. They use U.S. taxpayer supplied vehicles and aircraft to further their own business interests over the well being of their armed forces or nation. The ANA soldiers in turn go AWOL at official rates close to 30% with Afghans having told me the rate was 40% in early 2011. The same generals told me of those who do serve, 70 to 80 percent are constantly stoned on Hash and more are on a snuff laced with a glue like substance. And yet our leadership will tout fragile progress and bring CODELS on dog and pony shows where Afghan men are paraded around in uniforms.

Bing West, Under Secretary of Defense under President Reagan, a combat veteran of the Vietnam War and prolific author, summarized in one paragraph in his book "The Wrong War" the reason why our efforts to build Afghan Security Forces are doomed to fail and result in wasted

billions of dollars: the U.S. ceded sovereignty to a group of men who do not put men capable of military leadership in leadership positions. The U.S. cannot influence the placement of qualified, well motivated leaders. Instead, our leadership attempts to spend over the corruption that drains the bottomless bucket, providing funds and tangible goods without strings attached. Sadly, the blood of our sons and daughters, brothers and sisters, mothers and fathers also flows through that bottomless bucket.

This hearing should not be about whether a General stifled an investigation for Political reasons with a capital "P" favoring Democrats or Republicans with capital "D" or "R." The evidence is clear to me that this was politics with a small p - personal career driven politics. The general did not want bad news to leave his command before the election - or AFTER the election. The general, like too many generals, was too concerned about the message, creating a stifling climate for those who had to deal with the reality. Too many generals view the media and information operations as "battle space." The collateral damage in such battles is to the truth and the WHOLE truth that is critical for a democracy to make informed decisions on one of the most important decisions it can make: whether, when, where and HOW to wage war with our precious blood and treasure.

Respectfully submitted,

Gerald N. Carozza, Jr.
Colonel, Judge Advocate, U.S. Army (Retired)

20 October 2010

Memorandum For COL Mark Fassl

Subject: ANA Surgeon General Yaftali and Allegations of Fraud Waste and Abuse

I am the Senior Legal Advisor to the MOD and ANA Legal directorates. The matter of the Office of the Surgeon General and MG Yaftali first came to my attention on July 31, 2010 when I was having lunch with COL Momen, head of the ANA CID which is part of GS Legal. He told me he had just finished a report recommending that MG Yaftali and MG Amiri, the head of MOD Finance be court-martialed for embezzlement of approximately $20,000,000.

I met with BG Abdul Karim, the Chief of GS Legal (TJAG) to discuss the matter. He explained that each year, Yaftali had access to $5,000,000 dollars (US) through a letter of credit type arrangement with an area bank to spend on medical supplies for the ANA. At the end of a fiscal year, he was to reconcile his budget with MOD Finance before the follow on year's budgeted funds were to be released to him. Over a period of four years, MOD Finance would release the follow on year's budget to Yaftali despite the fact that he never reconciled and accounted for his prior year budget. BG Karim said he would like the medical mentors to provide him with information and records regarding the level of medical support provided to ANA/Yaftali to help build his case against him. BG Karim believes that with so much medical support provided directly by CSTC-A, the ANA Surgeon General did not have to spend any funds to support the medical needs of the ANA. COL Geller concurs with this assessment.

After meeting with BG Karim, the CSTC-A Command Surgeon, COL Geller and LCDR Rebecca Gels, his medical accountant, COL Geller produced the attached letter and documents which are on the enclosed CD ROM regarding direct (non-monetary) medical support to the ANA from Calendar Years 2006 to 2010 (Solar Years 1385 to 1389). The letter shows the amount of money spend by CSTC-A on direct medical support provided by NTM-A/CSTC-A in the form of consumable, construction, equipment and services. Of the $186,722,046.98 (US) spent from 2006 to 2010, $153,196,047.48 were spent on "consumables," most of which were pharmaceuticals. By law, all pharmaceuticals bought by the U.S. had to be U.S. manufactured pharmaceuticals. All of the pharmaceuticals supplied by CSTC-A, flowed through the National Military Hospital and its warehouse, both of which are controlled by MG Yaftali. This procedure appears to have been at odds with the ANA's logistical systems and requirements. COL Geller stated that he believes a former MPRI employee enabled or encouraged Yaftali to create this alternate medical logistical channel which gave him complete control over the medical supplies.

Since Colonel Geller arrived in February of 2010 (Last month of Solar Year 1388), there have been constant complaints from ANA commanders that troops in the field are not receiving medicine. On 17 October 2010, MG Abufazl, MOD IG told me that he has heard of such complaints for several years. According to Colonel Geller, from 2006 (Solar Year 1385) to the present, CSTC-A has provided enough medicine to supply all of the soldiers of the ANA and all of their family members for a period of 10 years. COL Geller used to be responsible for a dispensary system in the DC area and based his ANA estimate on his knowledge of the throughput of the DC area facility and the population it served. COL Geller said that when the

Exhibit A

Afghans and IJC complained vociferously that ANA troops were not getting medicines, CSTC-A's response was to purchase and push more medicine into the system through NMH. Still, to this day, there are complaints that soldiers do not have medicine and have to rely on their family members to buy medicine for them at local bazaars. It appears that the medicine that flowed through the NMH and the warehouse controlled by MG Yaftali to be provided at no cost to the ANA soldiers was diverted. MG Yaftali, at best is incompetent, but more likely is at the heart of a scandal.

Also included with COL Geller's letter are photographs of supply areas showing large supplies of medicines (non-U.S. and often near or past expiration) and equipment. This is while commanders complain that their soldiers are not receiving medicine. The logical question is where was this medicine going when soldiers are being told that the ANA medical system has no medicine for them?

COL Geller opined that the US pharmaceuticals were diverted to Pakistan where they fetch a higher price on the black market than generic or counterfeit medicines that can be purchased there or other countries. Money from either the ANA budget ($5mm per year) or the black market sales, was used to buy cheap counterfeit or expired medicine. Even this medicine was not provided to ANA patients, but was often used by Yaftali and his network of doctors and their private facilities to sell to ANA patients who were told medicines were not available and had to be bought at bazaars.

COL Geller thinks that an MPRI employee working with CTAG-A may have enabled Yaftali to commit the scam on CSTC-A. There have been reports from several sources that Yaftali's scam profits not only himself, but a network that is headed by former President and warlord Rabani.

COL Gerald N. Carozza, Jr., U.S. Army Reserve, Judge Advocate

Gerald Carozza

From:	Caldwell, William B LTG MIL USA NTM-A/CSTC-A CMD GRP
Sent:	Wednesday, August 25, 2010 4:18 PM
To:	Carozza, Gerald N COL USA CSTC-A NTM SJA
Cc:	Neasmith, David G CAN GEN CSTC-A USFOR-A; Paterson, David J. GBR BG CSTC-A CTAG-A; Patton, Gary S USA BG USA NTM-A CMD GRP; Kem, Jackie D SES CIV USA CSTC-A CMD GRP; Andersen, Steven J CAPT USA USCG CSTC-A SJA; Kawaguchi, Michael S US COL USMC CSTC-A ANA DEV; Amrein, Marian US COL NTM-A CSTC-A; Sylvia, Brett LTC USA CSTC-A/NTM-A; Beam, Ralph R CSM USA CSTC-A CMD GRP; Wehr, Michael C USA COL USA CSTC-A CJ ENG
Subject:	RE: MOD/ANA Daily Report (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

Jerry -- we all need to sit down and listen to what you have to say, and discuss the most effective way forward. Will ask BG Patton to take the lead here --

V/r -- WBCIV

William B. Caldwell, IV
LTG, USA
Commander, NATO Training Mission-Afghanistan and CG, CSTC-A

More about the Command: www.NTM-A.com

NTM-A Facebook: http://www.facebook.com/pages/NATO-Training-Mission-Afghanistan/267816944552

"Shohna ba Shohna -- Ooga-pa-Ooga -- Shoulder to Shoulder"

-----Original Message-----
From: Carozza, Gerald N COL USA CSTC-A NTM SJA
Sent: Wednesday, August 25, 2010 3:52 PM
To: Caldwell, William B LTG MIL USA NTM-A/CSTC-A CMD GRP
Cc: Neasmith, David G CAN GEN CSTC-A USFOR-A; Paterson, David J. GBR BG CSTC-A CTAG-A; Patton, Gary S USA BG USA NTM-A CMD GRP; Kem, Jackie D SES CIV USA CSTC-A CMD GRP; Andersen, Steven J CAPT USA USCG CSTC-A SJA; Kawaguchi, Michael S US COL USMC CSTC-A ANA DEV; Amrein, Marian US COL NTM-A CSTC-A
Subject: RE: MOD/ANA Daily Report (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

LTG Caldwell

Thank you for your note. Unfortunately, sir, the corruption is so deep and wide within the senior leadership at MOD and ANA I believe any appeal to patriotic or other optimistic motives will be useless until the most senior leadership changes - either the person or the behavior. The culture of impunity at MOD is real, particularly among the senior leadership, and sadly enough I see repeated examples of it every week in our work at MOD and the ANA. These cases are more than allegations; more than gossip and by any standard, in any country, the proper authorities ought to take action. The people at MOD who steal, do so because they know they can do so with impunity. They can be caught red handed by systems put in place and

Exhibit B

they will simply deny it and hide safely behind their protectorate. We're well past the stage where we can cajole the honest administration of the Afghan Military.

My advisees are responsible for enforcing the rule of law at MOD & ANA. While soldiers, NCOs and company grade officers are routinely subject to military justice and other disciplinary action, no GOs have been prosecuted in the ANA or MoD in at least that last several years.

You should know, sir, there are two principal reasons for the lack of prosecutions.

(1) The first is Afghan reluctance to accuse or testify. At the Corps level, where on the rare occasion we're able to charge a LTC or COL, the local web of malign actors effectively work to intimidate witnesses and prosecutors with a variety of threats, up to and including murder. At levels above Corps, potential witnesses are intimidated in the same fashion, plus are often discouraged out of fear that the accused will be protected by senior political and senior leadership and then they will receive retribution for making a futile effort. (they will instead talk to CSTC-A looking for help).

(2) Minister Wardak. I know this is controversial, but my advisees, the Chief Uniformed Lawyer and the ANA's Chief law enforcement officer, as well as the Chief Legal Advisor to the Minister tell me they cannot bring prosecutions against corrupt officials at MOD because so many high level officials are in one way or another are perceived to be protected by Minister Wardak. In what we judge to be key cases, we feel we have no other choice but ask Coalition leadership to go to Minister Wardak to convince him to allow administrative and criminal investigations and cases to proceed:

a. The case of the Illiterate AWOL 205th Corps SJA supports the continuing and consistent claims that Minister Wardak protects a network of corrupt actors. Despite repeated requests, Minister Wardak has refused to allow the ANA to remove this officer from his position, let alone court-martial him, which is what he deserves. The Corps Legal Mentors at Camp Hero can testify that he has not reported for duty in over a year and a half, although the Corps Commander regularly signs the SJA's pay voucher. The Corps Commander admitted to me in May in front of a room full of witnesses (the IJC SJA, CSTC-A Anti Corruption Attorney, and me) that the SJA had been AWOL and confirmed that the SJA is illiterate and never should have been appointed, but that he is a close friend of President Karzai. The ANA IG, ANA COGS and ANA VCOGS have confirmed the SJA's lack of education, yet MIN Wardak refuses to allow this man to be removed and court-martialed.

b. The Chief of GS Legal is developing a case against an Appellate Court Judge, who collects pay but does not perform his military duties. Instead he works as a lawyer for Minister Wardak's two sons. BG Karim reported to me that prior efforts to remove the judge have been defeated due to Minister Wardak's personal intervention.

c. The Chief of GS Legal is also developing a case against the Surgeon General that involves a $20 million (US) theft from MOD and pilfering $153 million (US) worth of medical supplies that CSTC-A had delivered to the Office of Surgeon General (OTSG) over a 5 year period. The Chief of GS Legal commented that $153 million should be enough medical supplies to last the ANA ten years. The CSTC-A medical advisor countered that it should have been enough to supply the ANA and all of their families for ten years. This case is being further developed and the ANA TJAG has requested some financial information from CSTC-A to build its file against the OTSG.

(3) There is currently a criminal case being developed against the newly promoted LTG Murat Ali. His former staff reported that 209th Corps operational funds had been stolen. BG Karim conducted a preliminary investigation and determined that LTG Murat Ali had, without authority, taken $8,000 from the Corps' operational fund prior to departing for Kabul to become the new Ground Forces Commander. This is the same officer who was under investigation for beating a staff officer so badly, that the victim was urinating blood. LTG Ali also

denied the victim/officer medical care, instead sending him to the Corps detention facility. The investigation lost steam when Ali's was selected for promotion. This matter now lies with GEN Karimi awaiting his decision on whether to refer this to a prosecutor for formal investigation and court-martial

There are other serious cases in the works involving other senior leaders of the MOD and ANA. They are not sufficiently developed to discuss right now but are still being developed by GS Legal.

Sir, you can see why so many Afghan Officers complain to their advisors bemoaning the lawlessness at MOD, yet are reluctant to pour themselves into a grinder that is controlled at the top.

In the near future, when all of the ducks are in a row, we will be seeking a high level difficult KLE to ask MIN Wardak to do the right thing: allow prosecution to move forward on these cases without obstruction or retribution. The ANA TJAG will be looking for a commitment from the Coalition to support him when he is ready to present the matters for prosecution. We will of course, thoroughly brief you and whoever is designated to have the KLE, if the KLE is to happen at all.

Thank you for your time.

Sincerely

Jerry Carozza

Gerald N. Carozza, Jr.
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-----Original Message-----
From: Caldwell, William B LTG MIL USA NTM-A/CSTC-A CMD GRP
Sent: Monday, August 23, 2010 11:09 PM
To: Gillette, John M DOD CIV MODH Sr Advisor; Carozza, Gerald N COL USA CSTC-A NTM SJA
Cc: Neasmith, David G CAN GEN CSTC-A USFOR-A; Beare, Stuart MG MIL CAN NTM-A DCOM-P; Paterson, David J. GBR BG CSTC-A CTAG-A; Sylvia, Brett LTC USA CSTC-A/NTM-A; Hornyak, Albert L USA LCDR USN CSTC-A CMD GRP; Baus, Eric A MAJ USA MIL NTM-A/CSTC-A CMD GRP; Patton, Gary S USA BG USA NTM-A CMD GRP; Stroud, Shawn A LTC USA ARMY CSTC-A CMD GRP; Kem, Jackie D SES CIV USA CSTC-A CMD GRP; Andersen, Steven J CAPT USA USCG CSTC-A SJA
Subject: MOD/ANA Daily Report (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

John / Gerald -- thanks for the update today. Seems like both MG Hotak and MG Nooristani have similar concerns about corruption in the system. Please let them know that we share their frustration, but that all of us, them included, must do their part to root corruption out of their ranks.....we're not going to be able to solve this for them. Keep encouraging them to do the right thing.....even when it's not the popular thing to do, it's what good leaders do.

V/r -- WBCIV

William B. Caldwell, IV
LTG, USA
Commander, NATO Training Mission-Afghanistan and CG, CSTC-A

More about the Command: www.NTM-A.com

NTM-A Facebook: http://www.facebook.com/pages/NATO-Training-Mission-Afghanistan/267816944552

"Shohna ba Shohna -- Ooga-pa-Ooga -- Shoulder to Shoulder"

Classification: UNCLASSIFIED
Caveats: FOUO

Classification: UNCLASSIFIED
Caveats: FOUO

Classification: UNCLASSIFIED
Caveats: FOUO

Mr. CHAFFETZ. Thank you.

Colonel Fassl?

STATEMENT OF COLONEL MARK F. FASSL

Colonel FASSL. Good morning, Mr. Chairman, Ranking Member Tierney, Congressman Lynch, and ladies and gentlemen.

My name is Colonel Mark Fassl. I am a regular Army officer with approximately 26 years of service. Currently, I am the Director of the Army Joint Support Team at Hurlburt Field, Florida in the Fort Walton Beach area.

In my previous assignment, which we all have talked about, I served as the Inspector General for the NATO Training Mission Combined Security Transition Command, Afghanistan and principle advisor/trainer to the Afghan Ministers of Defense and Interior Inspector Generals.

I am prepared to answer and address questions you may have concerning the Dawood Military Training Hospital.

Thank you.

[Prepared statement of Colonel Fassl follows:]

STATEMENT BY

MARK F. FASSL, COLONEL, UNITED STATES ARMY

BEFORE THE
SUBCOMMITTEE ON NATIONAL SECURITY, HOMELAND DEFENSE AND FOREIGN OPERATIONS

HOUSE COMMITTEE ON OVERSIGHT AND GOVERNEMNT REFORM

HEARING ON OVERVIEW OF PROBLEMS AT THE AFGHANISTAN NATIONAL MILITARY HOSPITAL

JUNE 24, 2012

Good morning Mr. Chairman, Ranking Member Tierney, and Members of this Committee. I am Colonel Mark Fassl. I am a regular Army officer with approximately 26 years of service. Currently, I am the Director of the Army Joint Support Team, at Hurlburt Field Fort Walton Beach Florida. In my previous assignment I served as the Inspector General for the NATO Training Mission Combined Security Transition Command Afghanistan and principle advisor/trainer to the Afghan Ministers of Defense and Interior Inspector Generals. I am prepared to address questions you may have regarding the Dawood National Military Hospital.

Mr. CHAFFETZ. Thank you.

Captain Andersen?

STATEMENT OF CAPTAIN STEVEN ANDERSEN

Captain ANDERSEN. Good morning, Chairman Chaffetz, thank you, Member Tierney, and distinguished members of the subcommittee.

I am Captain Steven Andersen, Commanding Officer of the Coast Guard Legal Service Command. I am an active duty Coast Guard officer with just over 27 years of service.

I have held a variety of legal staff positions in four Commands, including previous Commands of two Coast Guard cutters and a Coast Guard base.

I had the honor to serve in Afghanistan for 12 months from May 2010 to May 2011 at NATO Training Mission, Afghanistan, Combined Security Transition Command, Afghanistan. I was detailed to fill a U.S. Army position in the Office of the Staff Judge Advocate. I served as the Chief of Anticorruption. At the time, I reported to the then Deputy Commander, Dr. Jack Kem.

Thank you for the invitation to speak to you today and I would be happy to answer any questions you may have.

Mr. CHAFFETZ. Thank you, Captain.

Mr. Blair.

STATEMENT OF DANIEL R. BLAIR

Mr. BLAIR. Good morning, Chairman Chaffetz, thank you Member Tierney and distinguished members of the subcommittee.

Thank you for the opportunity to appear before you today to discuss our recent audit of the Afghan National Army, ANA's pharmaceutical distribution process.

Since 2008, the DOD IG has provided ongoing oversight of the efforts to develop an Afghan military health care system. Our audit objective was to assess the newly implemented pharmaceutical distribution process and determine whether it was effective, recognizing that addressing any deficiencies that we identified was an important step to help provide better health care for wounded and disabled ANA personnel.

Overall, our audit results were mixed. We found that the pharmaceutical distribution process had improved. However, there continue to be challenges in the procurement, delivery and inventory control processes at the locations we visited. Until these problems are fully addressed, the new pharmaceutical distribution process is at increased risk of mismanagement, theft and waste.

The improvements we found included the first ANA procurement of pharmaceuticals and medical supplies. ANA officials selected vendors and awarded a $4.7 million contract in September 2011. They also developed and validated pharmaceutical requirements, developed the contract terms and conditions and obtained vendor qualifications.

In addition, we reported that the ANA officials at the National Supply Depot in Kabul were able to receive, account for and prepare Afghan-procured pharmaceuticals to be issued to the forward supply depots and the National Military Hospital. However, as I indicated, additional challenges must be addressed.

While the ANA executed their first procurement, none of the 11 vendors were able to deliver all of the pharmaceutical supplies in accordance with their contract requirements. We also found that at four of the six locations we reviewed they did not properly account for pharmaceuticals. For example, at the Kandahar facility, we identified significant inventory discrepancies and poor controls over critical items such as antibiotics and morphine.

At the National Military Hospital, we were unable to complete our testing because dispensing records were not reconciled to the stock accounting records. In addition, we reported that uncontrolled and controlled pharmaceuticals were not secured separately at the National Military Hospital.

Further, procedures to implement logistics guidance and collection report pharmaceutical usage data at the medical facilities were not developed. As a result, none of the six locations properly used or completed all the necessary forms. These forms are essential to obtaining accurate and reliable usage data to procure the right quantity of pharmaceuticals. Buying too much means that the ANA will waste U.S. funds on unnecessary items. Buying too little means there may not be enough pharmaceuticals to meet patient care needs.

Finally, additional training of ANA officials and Afghan acceptance of the new pharmaceutical distribution process are critical to its overall success. Until this occurs, inventory discrepancies will likely continue and opportunities for theft will remain a serious problem within the Afghan military health care system.

The situation in Afghanistan continues to evolve. Throughout our audit, we found that Combined Security Transition Command Afghanistan officials were responsive to our preliminary concerns and continued to implement corrective actions. For example, these officials provided modified training modules that included a proper use of forms and issued new and revised guidance to the ANA hospitals.

Last month, the DOD IG team inspected the National Military Hospital to review the status of corrective actions. In its preliminary observations, the team noted some improvements such as improved accountability for medical supplies. However, they continued to express concerns over the security and accountability of controlled pharmaceuticals.

In closing, a new pharmaceutical distribution process shows that progress is possible. However, until additional improvements are made and the Afghans fully embrace this new process, there continues to be an increased risk of mismanagement, theft and waste. The DOD IG will continue to provide oversight of U.S. military efforts to support the Afghan health care system.

This concludes my statement today and I would be happy to answer any questions the committee has for me.

[Prepared statement of Mr. Blair follows:]

Good morning Chairman Chaffetz, Ranking Member Tierney, and distinguished members of the Subcommittee. Thank you for the opportunity to appear before you today to discuss our audit of the Afghan National Army (ANA) pharmaceutical distribution process.[1] Following three decades of war, the health care system in Afghanistan did not meet any internationally recognized standard. In order for the Afghan National Security Force (ANSF) to become fully independent and effective in conducting combat operations, it was recognized that the health care delivery system would need to be capable of providing essential field-level combat casualty care, evacuation of casualties, restorative surgery and rehabilitation, and long-term care for disabled personnel.

Since 2008, the Department of Defense Inspector General (DoD IG) has provided ongoing oversight of the U.S. Military and Coalition efforts to develop the Afghan military health care system, which includes the Dawood National Military Hospital (NMH),[2] completing eight oversight projects including five assessments, one audit, and two criminal investigations. In addition, there is an ongoing assessment of U.S. Military, Coalition, and ANA efforts to improve the management of healthcare services provided at the NMH.

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[1] Report No. DODIG-2012-083, "Additional Guidance and Training Needed to Improve Afghan National Army Pharmaceutical Distribution," May 7, 2012.

[2] The NMH complex includes among other things; the hospital, built in the early 1970s by the Soviet Union; an out-patient clinic; the Armed Forces Academy of Medical Sciences; and a recently constructed medical warehouse. The NMH is under the command of the ANA Surgeon General, is managed by the ANA Hospital Commander, and staffed by ANA medical personnel.

Our audit of the ANA pharmaceutical distribution system was initiated after a February 2011 assessment by the DoD IG performed at the NMH which identified pharmaceutical accountability concerns. The overall objective of the audit was to determine whether the ANSF pharmaceutical distribution process was effective. During the audit we evaluated ANA's processes for procuring, delivering, and taking inventory of a wide variety of pharmaceuticals. We conducted site visits at six ANA locations including the National Supply Depot (NSD) in Kabul, NMH, Mazar-e Sharif Regional Military Hospital and its Forward Supply Depot, and the Kandahar Regional Military Hospital and its Forward Supply Depot.

Overall, we found that the pharmaceutical distribution process had improved since the previous assessment. However, the procurement, delivery, and inventory control processes for pharmaceuticals at ANA medical facilities and depots could be improved. Until these improvements are realized, the ANA will be unable to develop reliable pharmaceutical requirements. In addition, the pharmaceutical distribution process is at risk of mismanagement, theft, and waste of U.S.-funded pharmaceuticals. These challenges could also hamper the transition of the distribution process to full ANA control.

Early Improvements Identified

Since our February 2011 assessment, we noted improvements in the pharmaceutical distribution processes. For example, we reported that ANA officials conducted their first

procurement of pharmaceuticals and medical supplies. Specifically, ANA officials selected vendors and awarded a $4.7 million contract in September 2011. During the procurement process ANA officials developed and validated pharmaceutical requirements, developed the contract terms and conditions, and obtained vendor qualifications.

We also reported that ANA officials at the NSD demonstrated their ability to receive, account for, and prepare Afghan-procured pharmaceuticals to be issued to the forward supply depots and the NMH. For example, ANA officials inspected and verified the quantity, type, and quality of the pharmaceuticals. ANA officials also demonstrated their ability to complete the proper forms to record the movement of pharmaceuticals in and out of the depot and recorded the increases and decreases to stocks on hand. Further, ANA officials were able to properly account for pharmaceuticals at the NSD. For example, we selected 22 of 170 pharmaceuticals items to verify inventory accountability and found no discrepancies. We also observed various access controls implemented such as a locked, temperature controlled room.

Additional Challenges Must be Overcome

While our report highlights some improvements, we also found that the new distribution process had not been fully implemented at the forward supply depots and medical facilities. For example, there were deficiencies in the procurement process, such as ANA officials being unable to provide documentation verifying whether vendors were

evaluated based on their ability to meet contract requirements. Those deficiencies were highlighted when none of the 11 vendors were able to deliver all of the pharmaceuticals in accordance with contract requirements. Subsequently, ANA officials issued a contract modification allowing vendors more flexibility to meet contract requirements.

We also found deficiencies in the delivery and inventory control processes. Of the six supply depots and medical facilities reviewed, four did not properly account for pharmaceuticals. For example, 24 of the 32 line items we selected at Kandahar and Mazar-e Sharif medical facilities had discrepancies. At the Kandahar medical facility, discrepancies ranged from 20,772 fewer units of Amoxicillin on the floor than on record and 328 fewer vials of morphine. We were unable to fully complete inventory testing at two other locations because of the inability of ANA officials to provide consistent and reliable inventory data. For example, we could not verify the accuracy of on hand inventory at the NMH because the dispensing documentation was not reconciled to the stock accounting record. However, for the items we selected to verify whether the NMH property record was complete and accurate, 6 of 14 had discrepancies ranging from 6 to over 200 units.

Two of the six supply depots and medical facilities did not have adequate inventory access controls in place for controlled pharmaceuticals, which are more susceptible to abuse and theft. For example, ANA officials at the Kandahar Regional Hospital left controlled pharmaceuticals, such as morphine, unattended and unsecured and did not

properly secure the entry door where those pharmaceuticals were stored. Further, we found at both the NMH and the Kandahar Regional Hospital that controlled pharmaceuticals were not separately secured from uncontrolled pharmaceuticals.

We also found that none of the six supply depots and medical facilities properly used or completed all forms, and in some cases, used other processes, such as spreadsheets and tally charts. Yet, the consistent and proper use of forms is imperative to obtaining accurate and reliable data. For example, inconsistent and unreliable pharmaceutical usage data increases the risk of procuring improper quantities of pharmaceuticals. By procuring improper quantities of pharmaceuticals, the ANA could waste U.S. funds, procuring unnecessary or insufficient amounts of pharmaceuticals needed for patient care. We concluded that ANA officials need to develop additional guidance for medical facility personnel on how to collect and report pharmaceutical usage. Once developed and fully implemented, this guidance should increase assurance that accurate and reliable usage data is provided on a reoccurring basis to consistently generate pharmaceutical requirements for procurement.

With the new pharmaceutical distribution process still early in its implementation, we also concluded that ANA officials required a communication strategy and additional training at the forward supply depots and medical facilities. During our interviews, officials at the forward supply depots and medical facilities were unable to demonstrate the same level of understanding as ANA officials at the NSD. For example, ANA

officials at Mazar-e Sharif and Kandahar were unaware of the new process. Until ANA officials are fully trained on the proper use of forms and gain buy-in from the Afghans on the new distribution process, inventory discrepancies will likely continue and opportunities for theft of materials will remain a serious problem within the Afghan military health care system.

We recommended that the U.S. Combined Security Transition Command-Afghanistan (CSTC-A) assist ANA officials in developing a communication strategy and training program to effectively implement the new process and obtain Afghan buy-in at the forward supply depots and regional medical facilities. In addition, we recommended that CSTC-A assist ANA officials in providing training and developing guidance on the new distribution process.

Improvements Continue to be Made

During the course of our audit, we notified CSTC-A of some of our preliminary concerns for each of the locations visited. Both CSTC-A and ANA officials provided actions taken or planned to address those concerns. For example, at the NMH, we provided CSTC-A officials with our concerns about inadequate storage space and staffing of pharmacy positions. In response, ANA officials stated that they moved consumables to a separate location to allow for more storage space to further improve pharmaceutical accountability. In addition, CSTC-A officials stated that they were in the process of resolving the pharmacy staffing concerns with senior ANA officials.

At the regional locations, we provided CSTC-A officials with our concerns about physical access controls, communication and training on use of forms, and controls over expired pharmaceuticals.[3] ANA officials in Kandahar stated that they planned to obtain a locked cabinet for controlled substances, conduct training to ensure pharmaceuticals are secured, and separate and use expired pharmaceuticals only when necessary. CSTC-A officials also agreed to provide additional training emphasizing the proper use of forms. In addition, CSTC-A officials stated that they encouraged ANA medical facilities personnel to secure pharmaceuticals and noted improvements during their routine observations. Finally, CSTC-A officials stated they planned to assist ANA officials in developing a policy on use of near or recently expired medications.

As recently as June 2012, CSTC-A in coordination with ANA officials took corrective action to close some of our recommendations. For example, CSTC-A officials provided modified training modules that include the proper use of forms and issued additional guidance to ANA hospitals. Other documentation included the new NMH standard operating procedures and revisions to existing guidance on the use of expired pharmaceuticals.

During the last week of June 2012, a DoD IG team inspected the NMH to review the status of U.S., Coalition, and ANA efforts to improve the management and healthcare

[3] In addition to our preliminary concerns, we also highlighted best practices when identified at each location. Best practices not previously mentioned include Mazar-e Sharif forward supply depot officials providing medical instrument cases to medical facilities and local ANA units picking up pharmaceuticals to reduce the risk of damage during transport.

services provided at the facility, including the medical logistics processes and accountability and control of medical supplies. In its preliminary observations, the team noted that progress had been made at NMH since the February 2011 inspection by the DoD IG. They noted improved medical logistics system performance, improved accountability for medical supplies, and a fully operational NMH medical warehouse. However, there are still challenges that need to be addressed. For example, the pharmacy department continues to experience personnel shortages that may hinder the ability of the NMH pharmacy to perform sufficient quality control measures. Further, the security and accountability of controlled pharmaceutical substances in the bulk storage area and medication in the pharmacy dispensary were still insufficient.

Conclusion

While there has been progress in the pharmaceutical distribution process, until ANA officials and CSTC-A make additional improvements, the ANA will be unable to develop reliable pharmaceutical requirements. Further, the pharmaceutical distribution process is at risk of mismanagement, theft, and waste of U.S.-funded pharmaceuticals. These challenges could delay the transition of the distribution process to full ANA control. DoD IG will continue to provide oversight of the U.S. Military and Coalition efforts to support the Afghan health care system.

This concludes my statement today and I would be happy to take any questions the Committee may have for me.

Mr. CHAFFETZ. Thank you all for your statements. If there are additional comments, the Committee would welcome those.

I will now recognize myself.

I want to start with Mr. Blair and Colonel Fassl, both being in the IG type of capacity. Mr. Blair, is there any scenario in which a limitation of materials or destruction of documents that you might be reviewing would be acceptable or preferred? There is no reason to destroy documents or photos or videos when you are conducting an investigation, correct?

Mr. BLAIR. That is correct.

Mr. CHAFFETZ. There is no scenario when that is a benefit to you as opposed to an obstruction?

Mr. BLAIR. No.

Mr. CHAFFETZ. Colonel Fassl, is that your understanding?

Colonel FASSL. Yes, Mr. Chairman.

Mr. CHAFFETZ. I want to take you back to January 1, 2011, a Colonel Marian Amrein, apologies if I am not pronouncing that properly, in email that was sent to Colonel Carozza and Captain Andersen. I am going to read this. "Brigadier General Patton reviewed the summary and documentary evidence that we intended to provide. He made changes and told us to reduce the documentary evidence that we provide."

I need to suggest that this is concerning, that this is the official policy, to reduce the amount of information you are able to receive and review.

I would now like to move forward to September 12, 2011. This was a statement of policy that was put out. The timing of this is quite remarkable to me. This comes nine days after the Wall Street Journal reported on the Dawood Hospital situation. September 7 of that same year, Congressman Kauffman of Colorado sent a letter and then issued a press release about his concerns about Dawood.

In this memorandum, one of the three stated purposes of this new statement of policy coming from the NATO Training Mission Afghanistan was to "help promote the positive image of coalition forces serving in Afghanistan." What is concerning here on page two under 5(c) of the policy, "Unofficial personal photographs or video or audio recordings of patients or health care events taken by personnel subject to this policy which already exists will be destroyed or deleted."

The idea that we would purposely, knowingly, willfully in an effort to promote the goodness that was going on there to actually put in writing from the Colonel, the Command Surgeon, Andrea Kunkhorn, to destroy and delete evidence is totally unacceptable. I cannot tell you how strongly I feel about this and the concerns it has in moving forward.

The deeper concern is that there was an effort to cover up rather than fix, that peoples' political aspirations and political futures were of utmost concern. That does not reflect the literally thousands of men and women who are serving in Afghanistan. It does not reflect the people sitting at this panel. It does not reflect the American way and the way Americans do things.

I would like to go to Colonel Fassl. On October 28, 2010, you sent an email to Ambassador Moorefield at the DOD IG requesting "his assistance with the inspection and investigative inquiry of the hos-

pital." Can you please explain that request and describe the events that led up to making that request?

Colonel FASSL. Sure, Mr. Chairman. The events that led to making that request centered around the joint inspection that myself and General Abufazl participated in at the hospital and also centered around Colonel Geller's visit to my office remarking on the abuse and the human suffering that were obviously ongoing in the hospital.

Mr. CHAFFETZ. Take a moment and explain that to me. Explain what you saw and what you were hearing.

Colonel FASSL. Again, when we arrived in the hospital, the first thing, which I don't think has been mentioned, was that there was a lack of heat because there was no hot water to actually turn on and boil the things to make hot water and heat. The issue there was why wasn't there heat and it is because of the plant infrastructure and a lack of maintenance there.

As we went further into the hospital, we found not only was there no heat going in to the winter, but there was a lack of hygiene, soap, again, basic things you would expect a 250-bed hospital, of course it was a 500-bed hospital but it was mainly being used as 250 beds, again, the lack of hygiene and soap.

Ranking Member Tierney read a very good description of what I saw with the open vats of blood draining out of soldiers' wounds and the feces on the floor. The other thing that caught my attention was there were many family members taking care of their loved ones, not hospital staff but family members.

This, obviously, was surprising to me to see a hospital where family members were actually emptying these vats of blood and other receptacles used to help out the patients because they lacked personnel in the hospital to do their jobs. Again, you had a very abusive and corrosive, anti-hospital in the western world situation that was ongoing and getting worse.

That doesn't even go into the images that were previously portrayed on the TV of the human suffering, which when you think about what we were trying to do in Afghanistan, which is build the Afghan Army and Police Corps, and build that patronage of support within the Afghan citizens, it runs counter, obviously, to our efforts.

That was one of the things I kept reflecting on, how could we be allowing this type of suffering to go on in the hospital when we should be trying to show the Afghan citizens that their soldiers matter.

Mr. CHAFFETZ. So you send this request but then you get sent a follow-up email the next day or hours later, I should say. Explain the response.

Colonel FASSL. I sent a request to Ambassador Moorefield at the direction of Dr. Kem. After General Caldwell returned from his battlefield circulation the next day, I was told to retract the response to Ambassador Moorefield. I made that retraction by phone call and then later with an email.

Mr. CHAFFETZ. I will continue to follow up on that line of questioning. We are supposed to limit ourselves to five minutes and in the essence of time, I will come back to that.

Now, let me recognize the Ranking Member, Mr. Tierney.

Mr. TIERNEY. Thank you.

Colonel you hit it on the head. The whole idea of the counter insurgency premise which underpins what we were supposed to be doing in Afghanistan, so they get shot out if we can't reinforce the commitment and the patriotism of the Afghan people for their own central government, that is what we are talking about here.

We saw it in the trucking contract where people didn't believe for a second that the goods were being transported and Afghanis were being hired properly, were hired for security, were hired to drive the trucks, that the goods were getting where they should go, that people weren't taking it and selling it other places and corruption was rampant.

We saw it on the oil contract where the Departments of Defense and State couldn't even tell us who the principals of the corporations they had contracted with were or supposedly didn't know where the source of oil was coming from.

We see it in the food contract where there is a $2 billion disparity between who owes who what. Fundamentally, it comes down to the process of who is checking on these things.

Colonel Geller, when did you first arrive in Afghanistan?

Colonel GELLER. February 20, 2010, sir.

Mr. TIERNEY. In 2010. So for all the years we have been in Afghanistan before you arrived, how many people went through that hospital, saw those conditions and said nothing?

Colonel GELLER. Scores of mentors and scores of general officers and each and every time that senior medical general officers were in that hospital, they got a "dog and pony show." The U.S. Army Surgeon General, Lieutenant General Skoomiker, in January 2011, when he was briefed by me and also by other members of NTMA said, "I have been coming here for seven years. Seven years I have been in and out of that hospital. No one has told me what was going on."

Mr. TIERNEY. That is just incredible. It reminds me a little bit of when we went to the hearings at Walter Reed. It is obviously not exactly the same thing but we had to go out to the hearing at Walter Reed to find out that our own Surgeon General for the hospital didn't know the conditions of the men and women in there coming home from Afghanistan and Iraq.

For all those years before your arrival, people were obviously witnessing people in pain while they were being operated on, families treating people instead of hospital personnel treating people and yet it never surfaces and never has any further investigation?

Colonel GELLER. I would like to comment that in Third World countries, before I came to Afghanistan, I did two years as the Command Surgeon for US Africa. I was the First Command Surgeon there and was in and out of 16 different countries doing mill to mill health engagement.

Third World health care is different than First World health care and none of our mentors who were delivered into those situations had any comparison other than western U.S. health care and being told this is the way Third World health care is, don't worry about it, just make them a little better without any reference, without seeing any other Third World country like the French who came in as mentors in late 2010 who had been in Africa as a team, had

been in Chad. That surgical team said I have never seen anything this bad in Africa.

Mr. TIERNEY. I think this is probably much deeper than just this instance. We see time and again that a need for a special Inspector General for all contingency operations. We go into these areas and we work on an emergency basis and we don't set up the proper processes, we don't have the proper insight into contracts, we never get to see the subcontractors, we have no oversight and then things just develop on and on and we keep repeating the problem.

I don't know that this is the panel with the answers to this question but the question is, who originally set up this system where we would take United States taxpayer dollars and put them into a process that would allow this to happen? Where is the structure on this; where is the contractual obligation between the Afghan National Army people and the Ministry of Defense and the hospital people there and the organizations that are funding it and setting it up?

Where are the safeguards written into those contracts, where are the personnel overseeing those contracts, where are the people out there doing inspections and accountings, and why is it that we don't find out until 2010 when somebody looks at it and gets appalled and brings in other people who have the same moral compass and say this is absolutely absurd.

I don't think this is the group but let me take a shot at it anyway. Colonel Fassl and Captain Andersen, you all had something to do with the training mission and with some of the oversight aspects, am I right?

Colonel FASSL. Yes, Congressman. One of the statements that was often used by the Command, it often looked at this problem of the internal controls and the lack of oversight, because this process came together quite rapidly, the building of the NATO training mission, it was often said that we accepted the risk, again this is my opinion, of the building the Afghan national and security forces and we knew we were taking the risk of not having those internal controls and that oversight in country because of the rapid process.

Mr. TIERNEY. That covers maybe the first short while that you are there. What about after that? It is the same thing we heard with the trucking contract. We had to get things out to the forward operating bases, everything was sort of in a rush and we did this. Years later, they still have no insight on that, they are still hiring trucking companies that don't have drivers, don't own the trucks, don't have security, letting them subcontract on all that and having no insight to the contract to see who these subcontractors are, how the money is spent, where the product is going.

I am hearing the same thing here that it is set up in a hurry with no real basis for it, nobody has any experience in how to do it, so they presumably do the best they think they can but nobody learns anything over the time and nobody goes back and checks and nobody changes it to bring it to the point where it should be. Does that sound accurate to you?

Colonel FASSL. That was accurate in the view of the hospital but as I began to look at other situations whether it was logistics or anything else, the greatness of having an expeditionary team called the Plans and Special Operations Group from DOD IG, when I first

heard they had already done some good work there, that was what prompted me to request immediately that they look at the hospital.

This was a growing venture of goodness from DOD IG because we didn't have the capabilities and NTMA did, to even begin to scratch the surface as my colleagues have said before into not only the hospital but other areas.

Mr. TIERNEY. Colonel Andersen, you were working with the Ministry of Defense for Afghanistan, were you not?

Colonel ANDERSEN. I worked at the Ministry of Defense, the Afghan National Army, the Ministry of Interior and the Afghan National Police.

Mr. TIERNEY. Was there any mechanism in NATO or the United States forces or anything like that required them to go in and inspect these facilities and set up processes and then for us to oversee how well or not well they were doing this?

Colonel ANDERSEN. I am not aware of that, sir. Back to your question last time, I am not sure I can answer that, essentially how we could structure this so it doesn't happen again. I am not aware who would be the right entity to do that.

Mr. TIERNEY. I would assume there is an entity that could go in there and look at people. Mr. Blair, I am not trying to diminish the scope of your work at all and I appreciate it but it sounds a little dry to me when we talk at this late stage in the game the pharmaceutical process and now we are trying to make it better so they can count the pharmaceuticals coming in and make sure it gets in right. This is way past that time.

How many people were lying in hospital beds in terrible conditions that Colonel Geller and scores of people before him saw suffer through all that. Forget the dollars for a second. How many people saw this thing going on.

Yes, it is great that you are now monitoring the pharmaceutical thing but this is only about a decade late on that. What was your agency doing? Had you been invited in at any time previous to that to make sure that at least the logistics supply was going properly?

Mr. BLAIR. Mr. Tierney, we had been involved with providing oversight since 2008 on the whole medical logistical process and providing medical care in Afghanistan. What I can say is that when we were requested to come in, we responded very rapidly. We were in country in less than a month with a joint team from our Special Plans and Operations Group and audit personnel looking at the pharmaceutical process which was what we were called in to do.

Mr. TIERNEY. So nobody called you in before 2008?

Mr. BLAIR. Not on the pharmaceutical thing.

Mr. TIERNEY. And, you were dealing exclusively with the pharmaceutical chain of supply?

Mr. BLAIR. That is correct.

Mr. TIERNEY. Did anybody ever call anybody in to deal with the outright corruption that seems to have been going on, the fact people weren't getting the treatment they should, that doctors weren't attending and nurses weren't tending to people they way they should and all of that?

Mr. GELLER. Sir, it was my understanding that is exactly what we were asking for and the request was modified.

Mr. TIERNEY. This was in 2010 though?

Mr. GELLER. Yes, sir.

Mr. TIERNEY. I am talking about 09, 08, 07, 06, 05, on that basis. The question I guess from some of us might be how does it get to this point? Were we purposely blind because we didn't want to rock the boat with the Karzai government, Mr. Wardak and others? Do you want to tell us about that, something you observed on that basis where you have reason to believe that people didn't want to get into a scuffle with the Afghan government over whether or not they were corrupt, while we were allowing corruption to go under their watch and we thought there would be some difficulty for maintaining whatever mission we had? Is that the feeling people get?

Mr. CAROZZA. I can say something to that. General Caldwell had made it clear that the mission of NTMA was to build ministries and not to get wrapped around the axle of that corruption. He said, that is not your lane. Your lanes are to build ministries. The reality is when we give resources to the Afghans, what they do with them is a matter of Afghan law. There is no treaty that gives the U.S. jurisdiction over pilfering of pharmaceuticals or anything else, or food or bullets, once they belong to the Afghans.

To do the things you were talking about, Mr. Tierney, is to violate Afghan sovereignty and the often— throws up and they did that in this case too with General Yaftali when we asked if they could do a joint investigation. They pushed back and said, you are interfering with our sovereignty. We looked into it, everything is fine. That is the answer they give back to you.

Mr. TIERNEY. That goes right back to the notion that we set this thing up wrong from the get-go. We didn't have the right rules of engagement.

Mr. CAROZZA. I believe that to be correct. I get involved because my advisee was the Judge Advocate General of the Afghan Army, if you will, and their Army has a self contained military justice system, judges, prosecutors. To the extent there is pilfering going on, crimes being committed by officers of the ANA, my advisee was the one who would do the prosecutorial investigations but he couldn't.

General Wardak would often create these committees to look into things and the committees would be this behemoth which would include MOD IG, ANA IG, an intelligence officer and it all would just muddle things down and the prosecutorial aspect couldn't go forward as the laws were written because of these committees that just would stifle things.

Mr. TIERNEY. We know all this is going on, we know there are people in terrible conditions, we know there is money coming and once it hits their treasury, we have no control over oversight over it but we do know from observations of people that it ain't right and we just keep on doing it.

Mr. CAROZZA. That is correct, in the medical lane and every other battle operating system within the Afghan Army.

Mr. TIERNEY. Colonel Fassl?

Mr. FASSL. I just wanted to add one more comment in reference to the culture of corruption and how deep that was. After we went into the hospital, obviously there was a report published that was

done both by myself and Major General Abufazl, who was the Inspector General for the Minister of Defense.

We later briefed Mr. Wardak on that and we asked him for his help, especially in trying to take care of Major General Yaftali who was again the leader of that organization and allowed these things to continue to happen under his watch. Mr. Wardak's response to me was, I can't touch him. That is how deep this corruption goes.

Mr. TIERNEY. As I say, this is not the first time we have run across this issue but I do appreciate your comments.

Mr. CHAFFETZ. Thank you.

I will now recognize the gentleman from Massachusetts, Mr. Lynch.

Mr. LYNCH. Thank you, Mr. Chairman.

To begin, I first want to thank you all for your work on this and for your testimony and trying to paint the picture that is there.

Sadly enough, I am not surprised. On this committee, we have been dealing with the Kabul Bank, prosecutions or lack of prosecutions, where relatives of President Karzai have basically looted the Kabul Bank, relatives of the Vice President. After many trips to Afghanistan, I honestly believe that corruption is a bigger danger to Afghanistan than the Taliban.

As a matter of fact, I think the people are so enraged and so hopelessly challenged by the level of corruption in their government that the government makes the Taliban look good because the Taliban has Sharia law and a rule of law and they are looking for that type of discipline.

Actually, it is beyond belief. I have seen it with the Kabul Bank, we see it with the trucking contracts and now we see it in the Ministry of Health and the Ministry of the Interior.

I don't know where to go from here. From the bigger picture here, it makes me wonder if this whole mission is doable. We are working harder at building democracy in Afghanistan than the Afghans are, than Karzai is. We are putting our sons' and daughters' lives on the line, we are taking precious tax dollars and precious lives putting them on the line for a government that lacks the willingness to fight for their own people, for the future of their children, for their own country.

They are skimming and sometimes looting government ministries. Afghanistan is not just another place; it is another time. Colonel Fassl talks about a different culture there and that is absolutely spot on.

Using the other example with the Kabul Bank, it seems the only way we got response in that case, where the President and Vice President's relatives looted the bank of $30 million and went off to Qatar and bought real estate with the proceeds of that bank, the only way we got a response was when we threatened to cut them off completely. We said not another dime, we are not going to put anymore money in the Kabul Bank, we are not going to use any local institutions, we are basically building a firewall between our system and yours so that you can't rip us off anymore. Then we finally started to get some response.

Apparently, I have been visiting the wrong hospitals. I visited the Cure Hospital on the outsides of Kabul with Mr. Platts, we visited a couple of other U.S.-operated hospitals, but I did not visit

Dawood. In terms of our ability to get them to do the right thing, and the corruption is so endemic in Afghan society, what do you think we have to do? Honestly, I think we are beyond the point.

I was just there a few weeks ago and we are beginning to withdraw our troops from Kandahar and Helmand Province, pulling 23,000 Marines out, which I think is a good move. How do we get the Afghans to step up after 11 years of, in many cases, ripping us off and ripping off the other countries off that are trying to help them? They are stealing NATO supplies and NATO resources. They are squandering and pilfering U.S support.

Is there more that we could do to squeeze some level of accountability and responsibility from the Afghan Government to do the right thing? Colonel Geller?

Colonel GELLER. Representative Lynch, they will never see the light until they feel the heat. Only with withdrawal of mentors and money, time, any funding and resource to outcomes, will there ever be any accountability. In the situation where you tell the Afghans, we will not let you fail, then we have lost all leverage.

Mr. LYNCH. Colonel?

Colonel CAROZZA. I think it is a tough question because I think the question can be posed as this. How do you get President Karzai to be less afraid of the warlords? I think in the tradition of an Afghan leader, he shares the spoils by allowing them to pilfer the different systems such as medical.

I think the Afghan National Army is a franchise. I taught ROTC and it was very easy to teach my cadets the mission of the Army. The mission of the United States Army was to fight and win the Nation's wars. My view of the Afghan Army, after having been there a year, is the mission of the Afghan Army is to provide positions of jobs, prestige and wealth accumulation opportunities on an ethnically balanced basis, to keep the different ethnicities from going at each other.

They are all at relative peace right now because the getting is good. How do you change that dynamic? How do you get Karzai to get onboard with us who are leaving pretty soon, so he is appeasing the different factions and the warlords by letting them drink from the spigot that is the U.S. taxpayer spigot.

Mr. LYNCH. Great answer, great answer.

Colonel Fassl?

Colonel FASSL. Congressman Lynch, I am just going to give you an example of what we saw just in the Ministry of the Interior as we were building the Inspector General Corps there.

I worked along side with Jerry and Steve on many of these situations in order to build the Inspector General Corps and other forms of accountability and transparency. One of the things that consistently happened is that as we met with the Inspector General and tried to build his staff, we would constantly get replacements. I will give you two generals who were from the border section who had committed crimes and we fought it.

How can you have people who are under investigation and were already being replaced and moved because they were taking bribes on the borders and placed in the Inspector General's staff at the Ministry of the Interior? Again, no consequence, no rule of law and here we are trying to place, encourage our western values and

processes on people who cannot comprehend the basics and core competencies and values. It leaves you speechless but that was what we were up against. Again, that is a minor example.

Mr. LYNCH. Captain?

Captain ANDERSEN. Congressman, I don't think I can give you a specific answer to your question about what is the way to solve it but I will offer a couple of comments.

Generally, my perception was we want to succeed a lot more than they do and that caused it to be very frustrating. The corruption problem is intractable. From my personal opinion, I think we have the most leverage with our money and our resources and that is a good place to focus attention.

Secondly, the incredibly frustrating nature of trying to investigate and prosecute someone within the Afghan system also caused us to focus a shift on rather than going after the bad guys, looking at ways to build accountability and transparency into the systems as they were being developed.

I offer those two as possible elements.

Mr. LYNCH. Thank you.

Mr. Blair?

Mr. BLAIR. Congressman Lynch, your question goes way beyond the scope of the audit work that we did. What I would like to do is offer an observation. We have seen in the past year accountability even in the hospital is starting to occur. We have seen situations where the nursing staff or the doctors who weren't showing up were having their pay docked.

I think what Captain Andersen was talking about, the leverage that you can have through controlling of funds is probably your best option.

Mr. LYNCH. Thank you.

I thank the Chair for his indulgence. I yield back.

Mr. CHAFFETZ. Thank you.

I will now recognize the gentleman from Vermont, Mr. Welch.

Mr. WELCH. Thank you, Mr. Chairman.

I look at these pictures and they are just heartbreaking because of the suffering that has been allowed to happen, as you all are aware, is just appalling. I listened to you, Colonel Carozza, about the clarity of the mission of American men and women in uniform to defend and protect our country and win our wars versus the criminal enterprise function of the Afghan Army.

The real question here I think is whether this strategy of nation building, where we are literally asking our soldiers to build democratic institutions, is not anything we have ever asked the American military to do before. In my view, it is an extraordinarily unwise policy. The job of our military should be exactly what you stated that it was.

We have seen this before, a few years ago when Mr. Tierney was the Chair. He and our Chairman now have a very good relationship but we saw the whole thing with the Afghan trucking contract and getting our critical supplies to our soldiers, whether a bullet or a bottle of water, we had to enter trucking contracts. There six individuals in Afghanistan who didn't own a truck that ended up having all the contracts. There was a couple billion dollars of money swirling around and we had to use some of that money to pay off

the Taliban not to attack the transports along the way. There would be firefights just as a way to negotiate what the payment would be. That was an astonishing level of corruption.

When I was in Afghanistan visiting with the unit from the Justice Department, they had set up a program to teach Afghan bureaucrats how to detect corruption. I asked the Assistant U.S. Attorney General, how is it going? He said, we had to close it down. I said, why is that? He said, the people we were teaching to detect corruption were using the information to do corruption.

Then we have the hospital with the absolute grossest inhumane level, the greed is not only putting money in a pocket but it is allowing people to suffer in these unspeakable conditions.

I really don't have a question obviously but I have an appreciation for the work you do and the concern you have. I think bottom line, this policy we have had through a couple of Administrations of asking our military to do nation building in a country that has no interest in being an effective partner where it is essentially a criminal enterprise, not just because of the person at the top, it is because that is the way business is done, there is no way. There is no way that we can usefully use taxpayer dollars or promise our men and women in uniform that the efforts they do to try to reform them are going to be successful.

I yield back but I appreciate you, Mr. Chairman, having this hearing.

Mr. CHAFFETZ. Thank you.

I now recognize the gentleman from Idaho, Mr. Labrador.

Mr. LABRADOR. Thank you, Mr. Chairman. Thank you for holding this hearing.

I want to thank the panel for being here.

When I read the Wall Street Journal article, I got sick inside and that was just from reading it. I cannot even imagine what you went through by experiencing and by looking at some of the things that are happening there.

Colonel Carozza, I actually share some of the same concerns of some members on the other side of the aisle with what we are doing in Afghanistan. I have some questions about your testimony.

You talk a lot about the rule of law. Why did you feel it was so important for you to mention the rule of law so much in your testimony?

Colonel CAROZZA. I think the rule of law is the glue that holds together our society. I think it is the glue that holds together any productive, forward-reaching society together. I think the problems at the hospital are a manifestation of the lack of rule of law, the lack of accountability, the lack of any discipline. I think discipline is critical, especially when you put weapons in the hands of men and women, disciplining them is critical because without it, you have an unruly mob. I think what has manifested in the medical system comes about as a total lack of respect for the rule of law.

The medical system is just one system of the Afghan National Army that is impacted by this lack of discipline. It extends throughout the Afghan Army, throughout the different battle operating systems of an Army, whether it is feeding the troops, pilfering their food, not buying them blankets, selling their ammuni-

tion on the black market. All of that stuff goes on and there is no accountability.

Can you put in systems for transparency and accountability? Does it matter if the light pops on and the person caught simply says, I didn't do it and he is let go? It is a very intractable problem right now. It will take generations to break. If we have the patience to stay there for generations, and they will let us stay there for generations, maybe we can make a difference.

Mr. LABRADOR. Are you recommending that we stay there for generations?

Colonel CAROZZA. That is just an observation and I think that is a decision that you all and perhaps the American people need to make.

Mr. LABRADOR. Does anyone agree with him, his concern about the rule of law? Are there comments from the other panelists? Colonel Geller?

Colonel GELLER. It is the absence of accountability, this culture of impunity, that allows the anti-counterinsurgency strategy to go forward in Afghanistan. Being unable to interject any accountability for wrongdoing looks, to the Afghan people, as though the Americans support that. That anti-counterinsurgency strategy will cause us to fail.

Mr. LABRADOR. That is my concern actually, what you just said, Colonel Geller. You said it much more eloquently than I could. We have these young men and women sacrificing their lives. I am a freshman member of Congress and one of the first things I did was visit Iraq, Afghanistan and Pakistan. All the good works that we have done over there could be for naught if we allow things like this to happen and if they continue to happen because the local people will think we are okay with it.

I really want to thank you for being here, thank you for the work you are doing and encourage you to continue to expose what is happening because we cannot allow this to happen. That is what makes our Nation the greatest nation on the Earth, that we believe in the rule of law.

Colonel?

Colonel CAROZZA. I would like to relay a very poignant moment for me. Toward the end of my tour, the Deputy TJAG for the ANA was replaced by General Hasmulabad and he was a Mujadin fighter, he was an Imam, a Mullah, and he was now the number two ranking officer in the ANA legal system. I was told to avoid him but he cornered me in the hallway as I was leaving the TJAG's office and asked me to come in and have tea with him.

I did and my Air Force Captain JAG came with me. There were Mujadin fighters in there, old crusty Mujadin fighters who had fought the Russians. We started talking about the rule of law. I made a comment on how important it was. I said, it is tough for the rule of law to get any traction when your generals don't allow investigations to proceed.

He responded, and your generals support those generals and they all started laughing. It was a very painful moment for me, because I knew they weren't just laughing at me. They were laughing at my country and it was very painful.

Mr. LABRADOR. Thank you.

Mr. CHAFFETZ. The gentleman yields back.

I now recognize myself. I want to pick up, Colonel Fassl, where we were before.

You had made a formal recommendation to bring in help support, IG. What happened when you made that request?

Colonel FASSL. As I talked about previously and touched on it, the request I made to Ambassador Moorefield went forward and then I was told by Lieutenant General Caldwell and staff to retract it. I did that by telephone and later by email.

Mr. CHAFFETZ. What specifically did he say to you and what was his justification for not doing this?

Colonel FASSL. Prior to that, there was a meeting. In fact, there were two meetings. I don't think we talked about those. The first meeting involved myself, Steve Andersen, Schuyler Geller, Marian Amrein, General Patton, and Lieutenant General Caldwell. That is all I can recall right now. That meeting is where General Caldwell came in and he was visibly upset that we had made the DOD IG request at that time for an investigation or assistance visit, an inquiry, due to the circumstances in the hospital.

Mr. CHAFFETZ. Why would he be upset about that? What did he specifically say?

Colonel FASSL. After that meeting, there was a shorter meeting in his office. That was between me, obviously Lieutenant General Caldwell, Colonel Bush, his Chief of Staff, and Lieutenant Colonel Brett Sylvia, his Military Aide.

He was visibly upset because I don't think, this is my conjecture, that Dr. Kem and he had a chance to talk about this situation in the hospital. His first response to me was, how could we do this or make this request with elections coming. Then he again made the shocking comment that he calls me Bill.

Mr. CHAFFETZ. What does that mean?

Colonel FASSL. I took it that he was referring to the President of the United States.

Mr. CHAFFETZ. And that he had a personal relationship?

Colonel FASSL. I don't know, Chairman, if he had a personal relationship. The political pressure there was such that he made those statements before what I would consider a three star General or any Commander that served commanding soldiers, airmen, Marines or Coast Guard is the welfare of the soldiers, but in this case, the welfare of the people we were training and supplying taxpayer money and mentoring, the soldiers in that hospital, immediate and instant care and concern is what I would expect.

I want to go over to the hospital right now or the next morning and I want to see what is going on over there so I can report this. That is what I was expecting but I didn't get that.

Mr. CHAFFETZ. So the consequence of this decision was to not do a full investigation but to do something less?

Colonel FASSL. The consequence was that he decided the investigation, he didn't have all the information at that point. This was very, very early in this investigation or inspection of the hospital process. He knew some about it but when Colonel Geller came to me, I immediately jumped on it as if it were a very urgent and critical situation, which it was because there were mentors there and they were suffering the psychological consequences.

Again, General Caldwell wanted that request to go forward after he had a chance to look at it and his staff and craft another response. That is why he ordered the first response to be retracted.

Mr. CHAFFETZ. You were asked to retract the request?

Colonel FASSL. Yes.

Mr. CHAFFETZ. There are four of you on this panel. Somebody called it a no brainer in that meeting.

Colonel FASSL. The first meeting we had with Dr. Kem in General Caldwell's absence, that is correct, Chairman.

Mr. CHAFFETZ. Kem is?

Colonel FASSL. He was the civilian deputy. After we briefed him not only on the atmosphere in the hospital, but on the corruption, he said, this is a no brainer. I think it is a very, very good request to make to the DOD IG because of the capability they have versus the capability we don't have.

Mr. CHAFFETZ. Even after the election, it still was a watered down version to look at just the pharmaceutical side, correct?

Colonel FASSL. I believe there were some other areas they wanted to explore, not just pharmaceuticals, but logistics. The human suffering part basically needed to be looked at also.

Mr. CHAFFETZ. Colonel Carozza, you had sent an email to the General. Tell me a little bit about that but also the consequence of this decision not to do a full investigation.

Colonel CAROZZA. You are talking about the email?

Mr. CHAFFETZ. I believe it is dated August 25, 2010 that you had sent to Inspector General Caldwell, "Unfortunately, sir, the corruption is so deep within the senior leadership at MOD ANA, I believe any appeal to patriotic," you went on in this email to explain this.

Colonel CAROZZA. Yes. That was months before the issue about an IG request came up. General Caldwell had sent an email to me and to another advisor because in our dailies, we had coincidently had the same kind of conversation with our advisees. Both of our advisees were rather despondent about the corruption within their government and how they felt the mission was failing, that the government would fail because of corruption and they felt they needed help from the coalition to help them fight this corruption, help fight this problem.

General Caldwell, who reads the dailies, I don't know if he read them every day, each day we would come back, the advisors would come back and summarize their interactions with the Afghans and anything significant would be rolled into a report and sent up. You saw the initial email at the bottom to myself and I believe a Mr. Dilett, basically saying tell them to do the right thing.

It had gotten to the point where I felt pretty strongly about how other officers would come to dismiss what the Afghans would say about corruption and it became like white noise. The Afghans would accuse each other of corruption and get their advisors spun up. After a while, you got numb to it.

There were some Afghans who really wanted to come forward and do something. They would be steered towards Captain Andersen or myself and we would try to see if we could get them to work within the Afghan justice system so that the Afghans could do for themselves. Ultimately, they would say, I am not going within the

Afghan system because I will just be chewed up. I am not going to throw myself down the black hole.

That is the message I conveyed to General Caldwell, that it really was going to take something at a higher level. It was going to take action on his level or higher to help protect those Afghans who were willing to come forward and do something about corruption. That was the reason for my sending the email.

I gave him some examples and one of them happened to be General Yaftali and the fact that my advisee was looking at putting together a prosecutorial investigation for him and there were some other examples I gave in that email.

Mr. CHAFFETZ. To kind of finish this questioning, the decisions made to delay this investigation, what was your reaction to that and what was the consequence of that delay because it wasn't the full blown investigation. They got something less, correct?

Colonel FASSL. My understanding was that after the series of meetings held by Colonel Burba who then reported to General Neasmith that the investigation was to proceed, but it was going to proceed as a logistics assistance visit, how to better create more accountability for the logistics we were supplying.

I think Colonel Geller could probably talk more about what was not to be part of that assistance request regarding the suffering in the hospital. The suffering in the hospital aspect of it was not something that was of sharp focus in my lane. I was in this picture because my advisee, General Karim, the TJAG for the ANA, wanted to do a prosecution and I was helping gather information in that process and realized that our house wasn't in order.

There were accusations from the Afghans that some other procurement issues and the pilfering may have had something to do with coalition procurement practices and maybe malfeasance. That is why I got involved with the IG. I think Colonel Geller may be able to speak better about what was to be a part of and not a part of this assistance request during November.

Mr. CHAFFETZ. I will allow Colonel Geller and Captain Andersen to shed any direct or specific insight as to what you saw in these two meetings and what was the consequence of that. Colonel Geller and then Captain Andersen? I am way past my time.

Colonel GELLER. The email that Jerry sent is part of the documents I have sent. It is on August 25, 2010 relating to serious areas of apparent theft of U.S. funding and certainly U.S. materials. That was followed by a request specifically in September by General Caldwell for a ghost note on all of the issues related to the Maligned Actors Network within the Daoud Kahn Hospital and the OTSG which is also a part of the record indicating a thorough knowledge well before November of the issues that needed to be addressed and the failures that we had in our attempts to get change, and that change would only occur at a very high level. Failing that high level key leader engagement change, we move for a DOD IG Medical SPO visit.

My discussions with Colonel Fassl keyed on the abuse within the hospital system, the lack of accountability of doctors not showing up, doctors not performing their professional duties, nurses not being held accountable to be on the wards. That was my focus and

how that was negatively impacting the mission as well as the mental health of the mentors for which I was responsible.

That was my idea of what I thought the Medical SPO was coming in to do. As it turned out, when they arrived, I did not know until they arrived, they had no intention of looking at the health care abuses within Daoud Kahn and told me they had brought no specific personnel, which they had on their SPO, for health care, that they did not bring any because that was specifically excluded from the request for a staff assistance visit by Lieutenant General Caldwell.

Mr. CHAFFETZ. The pictures that we saw here today, that we shared with the members of Congress, was General Caldwell or anybody at that level given those pictures?

Colonel GELLER. I do not know at which time General Caldwell specifically received.

Mr. CHAFFETZ. General Patton?

Colonel GELLER. Or General Patton, because these went through a chain. My mentor sent them to me, I sent them to Brigadier David Neasmith and then they were supposedly passed on.

Mr. CHAFFETZ. Interestingly enough, there was a new policy that spoke directly to what was going on with these photos. I have a hard time believing that they didn't see at least some or some portion or maybe perhaps different ones. There is certainly no coincidence that the NATO Training Mission Afghanistan came out with this policy and asked the documents be destroyed.

Captain, let me give you a chance to answer before I yield to the Ranking Member.

Captain ANDERSEN. Just to clarify, in my recollection, there were a series of meetings, three that I was in, dealing with the request for the DOD Special IG. It was in one of those meetings, I believe a meeting with General Patton, where I remember the issue of elections came up, in my recollection, very briefly and it was discussed that it wasn't an appropriate thing to consider.

In regards to your question related to the consequence of all this, the main consequence I saw was there was a lot of attention paid to the hospital within NATO Training Mission Afghanistan.

Mr. CHAFFETZ. Do you think it is solved?

Captain ANDERSEN. No, sir.

Mr. CHAFFETZ. Thank you.

I yield to the Ranking Member, the gentleman from Massachusetts, Mr. Tierney.

Mr. TIERNEY. Thank you.

It seems to me there as a longstanding don't rock the boat sort of mentality going on here from our folks. The current medical system processes, we sent over money, deposited in the Afghan Treasury, and that was it. A lot of things we wished and hoped would happen after that, but we didn't seem to have any controls or insight on it after that.

Then we sent over mentors. When they would report things like Colonel Carozza, their observations about possible corruption, or whatever they were also unwilling to do much within their own system because they feared retribution and certainly they were wasting their time if not worse.

In training, the same thing, can I assume people were trying to train other people. Did they ever after training them go over and observe their performance or did that get passed over to the mentors? How did that work if anyone knows?

Colonel GELLER. The training of the Afghan Health Department had been going on for a number of years. We developed the programs of instruction, we provided the trainers and the Afghans were supposed to provide us the best graduates of those programs so that we could then train those trainers to be able to transition.

In 2010, we were able to transition five programs over to the Afghans and that had never been done before but the utilization of the graduates of those programs within the Afghan system was entirely a patronage type of affair. Failing to meet whatever the familial or tribal requirements or, in many cases, monetary requirements, you didn't get the jobs that actually needed to be filled by the personnel that we spent money and years training. This was one of the key reasons that care was not delivered within the system.

Mr. TIERNEY. I think you gentlemen have painted a pretty clear picture and I appreciate it. Again, it is with respect to the health operation over there but we have seen it in trucking, we have seen it in oil and have seen it in food. I, frankly, have seen enough of it and I suspect the Chairman and others may have as well.

We have no rules of engagement beyond giving them the money and hoping for the best. We have no way of continuing inspections, investigations or accountability or cessation of funding or some other leverage if things go wrong to try and correct them to what we would expect out of our operation in terms of treatment of human beings and money.

Mr. Chairman, I don't know if you want to go to the full Committee or stay within the confines of the Subcommittee but I think we have to look at the structure. What is missing when obviously the investments we are making in terms of policy, money and personnel and not getting the results that are sought, why we don't have mechanisms for reports to call attention to this and to be acted upon on that basis.

We have not just specific instances of a contract that wasn't properly written but of a policy that has gone awry when people complain about the system, violations or problems within it, no way to compel action on that. The attitude seems to be I am not going to rock that boat, I am just a general here for whatever time I am here for, a colonel or whatever, all the way down the line. I am just going to get in here and get out and I don't want all the problems of policy associated with that.

Somehow, we have to try to find out where that has gone awry and move forward to see whether or not something like the contingency Inspector General is part of the solution or all of the solution. I suspect that is not all of the solution but where we might go from there.

I want to thank the Chairman for having this hearing. I want to thank all of you again for your testimony. It was certainly courageous of you to come forward. I think it is what we expect of our military but on the other hand, we don't always see it. We appreciate the frankness and the willingness to come forward. I know it

is a difficult thing for you to do but we appreciate it. I am hoping we can work with the Chairman to do something about it.

There is a much larger question than this one instance. The suffering is horrendous its important and we have to get the results of that. The pharmaceuticals are obviously something we have to clean up. This is a mind set and this is a policy issue that has gone on now for more than ten years. We need to get to the bottom of it.

We will work with you, Mr. Chairman, on that. Thank you.

Mr. CHAFFETZ. I do appreciate the bipartisan way passion that Mr. Tierney brings to these issues of corruption and just good government in general.

I am going to give each of you a minute or two, whatever you would like, to offer suggestions and insight. Before I do that, I need to go through something specific with Colonel Geller.

On October 13, 2011, Chairman Issa and I sent a letter to the Defense Department requesting documents and information regarding the Dawood National Military Hospital. Colonel Geller, do you recall getting that letter and request? I believe you were in Afghanistan.

Colonel GELLER. The October 13 request, I received through U.S. Forces Afghanistan.

Mr. CHAFFETZ. You were tasked with creating a time line and description of events which I believe we have. My understanding is this is your response, something like 25 pages in length, but that was your response?

Colonel GELLER. That is correct.

Mr. CHAFFETZ. What happened to the memorandum for the record after you completed it?

Colonel GELLER. I don't know, sir.

Mr. CHAFFETZ. You are aware that the Defense Department produced a different document to this committee, correct?

Colonel GELLER. Yes. The counsel provided that to me and requested whether or not I had ever seen it before which I answered negative.

Mr. CHAFFETZ. The Department of Defense told this committee that you were "involved in the drafting of this response." Would you consider that to be accurate?

Colonel GELLER. The only involvement I had was writing this 25-page report. I noted in the document provided by Mr. Alexander that you have that there are some statements lifted out of my 25-page document but I did not produce this document.

Mr. CHAFFETZ. You did not review the final draft?

Colonel GELLER. No, sir.

Mr. CHAFFETZ. You didn't get to proofread it?

Colonel GELLER. No, sir.

Mr. CHAFFETZ. They didn't ask you for your input or anything else?

Colonel GELLER. No, sir.

Mr. CHAFFETZ. What I see here from the Department of Defense, which is so concerning, I am starting to see a pattern where the Department of Defense in its production of documents both for the Inspector General and for the United States Congress is different than the reality of what happened. What I want the Department

of Defense the Pentagon to know is this is totally unacceptable. It is an obstruction of Congress.

For them to provide the document that Colonel Geller originally produced and only produce it last Monday when essentially they knew we have it is totally unacceptable. In writing and by direction to the troops on the ground, and in Afghanistan, for them to suggest as a matter of policy that they are going to destroy documents is not going to be tolerated. It is not going to be tolerated.

They have a duty and an obligation to provide to Congress the documents that we demand. It is the way our system works. It is the beauty of America. It is what differentiates us from Afghanistan and everybody else. I want the Pentagon to be on notice, it will not be acceptable to hide documents, to destroy documents, or to destroy evidence. Let the truth be told.

There are too many people doing too good a work to have that destroyed by some person who has a public relations hat on. That is not how we operate in the United States of America.

With that said, as we conclude, in random order, I am going to go down and start with Mr. Blair. This has perhaps been the most honest and unvarnished assessment of Afghanistan that Congress has ever had. I cannot imagine you being more forthright and more candid than the five gentlemen sitting on this panel. I thank you for that.

I need you, for the sake of not just oversight but government reform, which is the second half of this Committee's name, to give us your insight, your perspective or if there are things perhaps we didn't ask that need light shed on them, we would appreciate your perspective as we wrap up this hearing. Let us start first with Mr. Blair.

Mr. BLAIR. Mr. Chairman, first, I want to thank you for this hearing and its important topic. I want to thank you also, Mr. Tierney, for continuing to focus on these issues.

As you know, the work we have done related to the pharmaceuticals really has shown progress is being made with several opportunities to continue to improve control of our pharmaceuticals, especially as relates to the sensitive items like morphine.

We are in the process right now of evaluating our fiscal year 2013 plan and whether or not we will include some additional follow up work on the pharmaceuticals. It will depend a lot on the results of those assessments ongoing now and we will continue to monitor the situation.

Thank you.

Mr. CHAFFETZ. Thank you. Thank you again for your service.

Captain Andersen?

Captain ANDERSEN. Thank you again, Chairman Chaffetz, for the invitation. I really don't have anything else to add other than the summary comments I made in response to Mr. Lynch's questions about leveraging our resources. Thank you for allowing me to be here today.

Mr. CHAFFETZ. I appreciate that.

Colonel Fassl?

Colonel FASSL. Mr. Chairman, from my own opinion, not the Department of the Army, there are a few things I think would help Congress and eventually Afghanistan. When we briefed CODELS

as part of the NATO training mission, it often surprised me that the members that came over were not more forthright in asking the tough questions, not just behind closed doors with generals but I am talking about speaking to the soldiers and the commanders on the ground. I think that would help a lot in developing better insight into the overall truth on the ground.

Secondly, I want to encourage the fact that we talked about the rule of law. In that rule of law that is desperately needed in Afghanistan, there are the roots of trust. I don't think trust exists in Afghanistan because of the ethnic balancing that so much bleeds in the government itself. Nobody wants to work with one another and nobody trusts each other. How can good governance and the building of a legitimate central government take place if you have that? Those are things that you cannot change on a time line.

Again, I want to thank you for allowing us to come today to talk and I appreciate your diligence in looking at this symptom of the accountability problem but the many more overarching accountability issues that continue to come because of the money and the lives that are at the fold there.

Thank you.

Mr. CHAFFETZ. Colonel Carozza?

Colonel CAROZZA. I agree with what Colonel Fassl said. I will just put it in simple terms. Bing West, former Under Secretary of Defense under President Reagan, captured the essence of the problem in building Afghan security forces in one paragraph in his most recent book. That is we ceded sovereignty to the Karzai government when it came to leadership. There is no leadership in the Afghan security forces and you cannot have a military without leadership that is willing to impose discipline and the rule of law.

How do we get to that point? The Afghans have to want to get to that point. We can do it by treaty and maybe give us some oversight mechanisms. If that doesn't happen, the only other way is to walk away from the table. If you if ever go to an Afghan bazaar, you don't get the price you want, you don't get what you want until you walk away from the table. Then when they see you are ready to cut them off, they will chase you and say, come back, my friend, okay, $5, are you happy. I think we have to be willing to walk away.

There have been instances where we have cut off funds. One Navy Captain who was in charge of engineering, towards the end of his tour he got fed up with his contractors being shaken down by Afghan garrison commanders who were trying to build dining facilities for their troops. He terminated the contract for convenience. Probably did it on his own but that was the thing to do.

We had helicopters being used for who knows what, I cannot say here, by the Afghan National Army, helicopters paid for by our taxpayer money. General Albin cut off their fuel and that got their attention. Only when you are willing to walk away from the table will the Afghans come after you and say, wait, my friend, let us talk, but we haven't been willing to do that because we are afraid of failing. We are afraid of failing in our own mission. We are afraid of failing in our OER support form that says we will accomplish these things and we will spend this amount of money and

build security forces of X amount of troops whether they are there or not.

I think we need to be willing—tough love—let them fail if they insist on failing and cut them off and demonstrate to them that we really are willing. It may be too late. At this point, they may say, fine, goodbye.

That is all I have to say. Thank you.

Mr. CHAFFETZ. Thank you, Colonel.

Colonel Geller?

Colonel GELLER. Thank you, Mr. Chairman, Ranking Member. I appreciate the opportunity to have brought forth the information that I had.

I won't speak to the macro because it is well beyond my expertise. In the area of health, there are nine health care systems in Afghanistan, in a country whose gross national product cannot afford one. It has some of the lowest health care statistics in the world. Donor nations have supported the Ministry of Public Health system, the Ministry of Higher Education's hospital system, the Afghan National Army hospital and health care system, the Ministry of Interior Police hospital and health care system, and the National Security Directorate's hospital system.

There is a huge NGO support not dissimilar to the situation in Haiti that is an extra Ministry of Public Health's health care system. There is a huge private for-profit health care system where that 75 cents of every dollar spent on health care in Afghanistan comes out of the pockets of individual Afghans.

There are contract health care facilities in support of industry within Afghanistan. There is the U.S. Government's huge health care system and the coalition health care system supporting our military there. That doesn't count the Taliban health care system that is supporting their own.

Millions and millions of dollars have been spent on these systems. They are competitive, they sap resources from each other and there is no single system for supplying supplies, equipment, pharmaceuticals or for developing health care professionals.

Within the DOD's lane of supporting the Afghan National Security Forces' Health Department, there is a transition plan now in place, signed off. It must be monitored and there must be consequences for failure to meet milestones. In the long run, Afghanistan will never be able to support the multiple health care systems that we, as donor nations, the United States being a major donor, have put into play and support. It is long term dependency.

We have to look to a more consolidated, unified health care system. I know how big a struggle that is. We cannot do it in our own Country.

Thank you for your time.

Mr. CHAFFETZ. Thank you.

I cannot thank you all enough for your service, your patriotism, your commitment and the hard and difficult nature that is Afghanistan and that work environment. May God bless you and may God bless the United States of America.

The Subcommittee is now adjourned.

[Whereupon, at 12:07 p.m., the subcommittee was adjourned.]

Opening Statement of Jason Chaffetz, Chairman
Subcommittee on National Security, Homeland Defense, and Foreign Operations
"Dawood National Military Hospital, Afghanistan: What Happened and What Went Wrong?"
July 24, 2012

Good morning and welcome to today's hearing: "Dawood National Military Hospital, Afghanistan: What Happened and What Went Wrong?"

I would like to welcome Ranking Member Tierney, Members of the Subcommittee, and members of the audience.

The National Security Subcommittee has a long history of overseeing the expenditure of American taxpayer dollars in Afghanistan. Under both Republican and Democratic leadership, members have worked side-by-side to investigate waste, fraud, and abuse.

Today's hearing will examine the facts and circumstances surrounding rampant corruption, physical abuse, and failed leadership at the Dawood National Military Hospital in Afghanistan.

Wounded Afghan soldiers – many of whom fought alongside American troops – suffered inexplicable treatment at the hands of those charged with easing their suffering.

We will hear from four senior U.S. military officers who tried to take corrective action but were shunned and chastised by their chain of command. Instead, investigations were apparently delayed because of personal politics, and an aggressive public relations campaign attempting to cloud the facts.

National Military Hospital was established for the purpose of treating wounded Afghan soldiers. It is funded largely by the United States and is known as the "crown jewel" of the Afghan medical system.

The Hospital is staffed by Afghan doctors and nurses who are mentored by U.S. military doctors.

While U.S. military personnel advise the Afghan medical staff, they do not administer treatment or pharmaceuticals. Their mission is "to help the Afghans perform and to increase their capability, not by doing for them, but rather by advising them and stepping back." They perform "not as a clinician, not as a nurse, not as a technician, but as a trainer. . . When they come here, it's advising."

During the summer of 2010, allegations began to surface regarding widespread theft, mismanagement, and patient neglect at the Hospital. According to first-hand accounts, Afghans stole fuel needed to run generators and sold pharmaceuticals on the

black market. Afghan doctors and nurses would rarely show up for work after having been trained at U.S. taxpayer expense.

According to documents, the misappropriation of resources was staggering. Yet the U.S. government continued to ship supplies without the proper controls in place.

In one 18-month period, the U.S. provided "over $150 million in [pharmaceuticals and medical consumables] to the [Afghan National Army], which is equivalent to 3 years supply in a similarly sized US Navy facility." Medical supplies and equipment were hoarded, stored improperly, and misused.

It is also reported that supplies were shipped to Pakistan, while legitimate pharmaceuticals were replaced with counterfeits.

The combination of these factors resulted in an extreme lack of care at the Hospital. Photographic evidence and first-hand accounts indicate that wounded Afghan soldiers endured starvation, bed sores, and botched operations. Wounds were left undressed, and Afghan doctors conducted procedures without anesthesia or painkillers.

In his written testimony, Colonel Gerald Carozza described the conditions as "Auschwitz like."

Often times Afghan doctors and nurses would demand bribes in exchange for care. Those who could not afford to do so, died in their hospital beds.

The medical care in Afghanistan was so substandard that it was ranked in the lowest 1% by the World Health Organization.

All funded by the U.S. taxpayer.

After much deliberation, I have decided to show four of the seventy pictures we obtained in the course of this investigation. I am doing this because words cannot fully describe the extent of human suffering that took place.

What I am about to show you is extremely graphic. If there are children watching, please turn them away or ask them to leave the room. If you are squeamish, then please consider turning away or stepping out.

[CUE PHOTOS]

Most of you are seeing these photos for the first time. Our men and women in uniform – including the witnesses here today – lived with this horror each and every day. These images are seared into their memories, and they carry an emotional burden that defies comprehension.

In the name of "capacity building," U.S. military doctors could do little about the suffering. As Colonel [Sky-ler] Geller stated in a 2010 interview:

"That is our pathway to transition here, to help the Afghans perform and to increase their capability, not by doing for them, but rather by advising them and stepping back, which is very difficult for medical professionals to not want to reach in and put their hands into the operating field. They're sort of hair-trigger trained to *do* versus to *advise*."

Indeed, U.S. medical professionals were given an impossible choice. Should they disobey orders and provide care? Or should they violate the Hippocratic Oath and allow the suffering to continue?

From July to November 2010, senior U.S. military officers reported these issues up their chain of command. Documents indicate that International Security Assistance Force Commander General David Petraeus, NATO Training Mission - Afghanistan Command General Lieutenant General William Caldwell, and his deputy, Brigadier General Gary Patton, were briefed about the need for an investigation.

Evidence indicates that there may have been a deliberate effort to delay an investigation for political reasons.

It is also evident that commanders were under enormous pressure to portray a positive image of the war effort at all times. Even if this meant conducting an aggressive public relations campaign so the media would report only the good news.

Colonel Carozza writes in his testimony that "too many generals view the media and information operations as 'battle space'. The collateral damage in such battles is to the truth…"

I am likewise concerned that suppressing failure and glorifying success may be the rule, and not the exception. When the truth is obscured or concealed, it becomes exceptionally difficult for Congress and the American people to make informed decisions.

On a broader level, the mismanagement of Dawood National Military Hospital raises serious questions as to whether the United States should continue to fund the Afghanistan reconstruction effort altogether. As it stands, the Afghan government has proven to be incapable of adopting legitimate business practices and ethical principles. If our success is measured by the ability of Afghans to sustain themselves in that regard, then the Afghan government and this Administration are failing.

I look forward to hearing from the panel, and appreciate everyone's willingness to be here.

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Opening Statement
Rep. John F. Tierney, Ranking Member

Subcommittee on National Security, Homeland Defense, and Foreign Operations
Hearing on "Dawood National Military Hospital, Afghanistan: What Happened and What Went Wrong?"

July 24, 2012

Thank you, Chairman Chaffetz. And thank you to all of our witnesses for being here today.

I have long been concerned with issues of corruption and mismanagement of US taxpayer dollars in Afghanistan. In 2005, I co-authored legislation with then-Republican Congressman Jim Leach that led the way to the creation of the Commission of Wartime Contracting, which issued its final report last fall estimating up to $60 billion in waste, fraud, and abuse of U.S. taxpayer funds in Iraq and Afghanistan.

As the former Chairman of this Subcommittee, I led multiple investigations into allegations of corruption in U.S. contracting related to the war Afghanistan. These include investigations into the jet fuel contracts in Kyrgyzstan, a major transit hub for Afghanistan, and the primary Department of Defense logistics trucking contract in Afghanistan. Our investigation of the trucking contract found that contractors were making protection payments to our enemies with U.S. taxpayer dollars.

Corruption and mismanagement problems persist in Afghanistan, and it is important and necessary that our Subcommittee continue investigating these issues, especially with today's focus on the problems at the Dawood Military Hospital. The Subcommittee's investigation has uncovered evidence of rampant corruption in the pharmaceutical distribution system, widespread patient neglect, and potential contracting fraud that led patients to receive fake morphine that did little to relieve their pain.

Conditions at the hospital deteriorated to such an extent that one of the witnesses joining us today, Col. Fassl, sent an email to his colleagues re-counting the deplorable conditions hospital. Describing just one of the many problems he observed at the hospital, he wrote the following:

> No hygiene capability for 6-months-NO-soap, bleach, and bacterial wipes. Human waste—blood, feces, urine and wound drainage are being collected,

spilled in open buckets next to patients beds while at the same time food is being served.

These revelations are truly appalling. And although the Dawood hospital is not run by the United States, we do know that the U.S has invested at least $185 million into the Afghan military healthcare system. For all the money we are spending, it is clear that we must do a better job training the Afghans to run their own military hospitals.

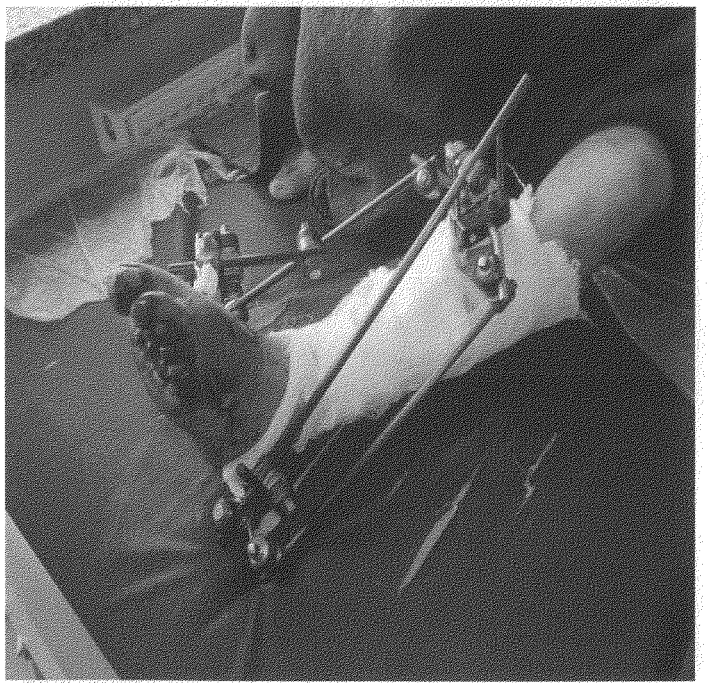
Our investigation has also revealed that the problems at the hospital were brought to light due to the hard work and courage of U.S. servicemembers serving in Afghanistan, and specifically, four of the witnesses sitting before us today. Due to their dedication and commitment, evidence of corruption and patient neglect were brought to the attention of senior military officials, the Department of Defense Inspector General, and now, this Subcommittee. While there is much work left to be done, the courage and persistence of these men has generated the necessary pressure to improve conditions at the hospital, forced the ouster of the Afghan Surgeon General, and led to a criminal investigation of the contractor who provided counterfeit morphine.

These are very serious issues, and I hope that in our election-year emphasis on everything political we do not become distracted from the question of how to help the Afghans stop the problems that led to the horrible conditions at Dawood. The Chairman has raised concerns about allegations that then-Commander, Lieutenant General William Caldwell, inappropriately interfered with this referral to the Inspector General. If true, that would be very concerning, regardless of whether his purpose was personal or political. These allegations are part of an ongoing DOD Inspector General investigation, and I look forward to reviewing that report when it is completed.

During today's hearing, I hope that we can focus on the problems of corruption and mismanagement at the hospital and within the Afghan military medical system. The Inspector General has completed an investigation into problems with the pharmaceutical distribution system that was certainly one of the causes of these problems. The Inspector General has recommended improvements, and the military and the Afghans have already implemented some changes. I look forward to hearing from today's witnesses about whether those changes have been sufficient and about the significant challenges that remain. Again, I want to thank the witnesses for taking the time to give us the benefit of their experience and insight.

Contact: Ashley Etienne, Communications Director, (202) 226-5181.

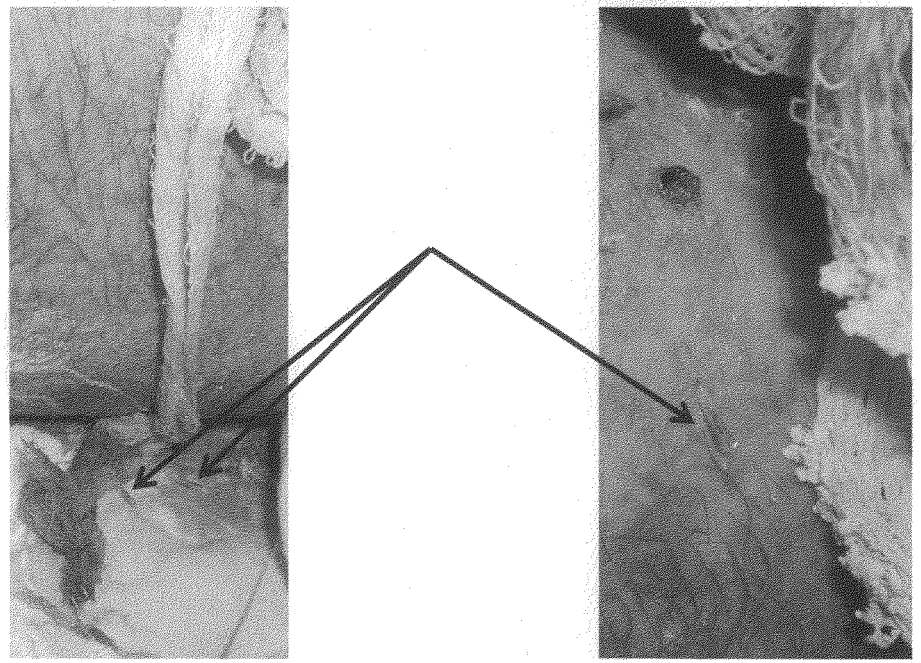
Necrotic non Viable extremity



- Gangreenous, pulseless distal extremity days after external fixation
- Clear indication for amputation
- Surgeon refused for days to address issue

When unwrapping bandage(s) maggots began crawling/falling out of wound from fixation sites

Patient died from sepsis less than 1week later in ICU



[redacted]

From: Fassl, Mark F COL MIL USA NTM-A/CSTC-A CJ IG
Sent: Thursday, October 28, 2010 8:00 AM
To: Moorefield, Kenneth P., SES, OIG DoD
Cc: Watson, Jerome A Mr CIV USA DoD IG SPO; Fassl, Mark F COL MIL USA NTM-A/CSTC-A CJ IG; Ness, James W LTC MIL USA CSTC-A IG; Geller, Schuyler K USA COL USAF CMD SURG MTAG; Bishop, Frank M CDR USN CSTC-A CMD SURG MTAG; Carozza, Gerald N COL USA CSTC-A NTM SJA; Andersen, Steven J CAPT USA USCG CSTC-A Marian US COL NTM-A CSTC-A; Morgan, Daniel CIV US DOD IG; Meyer, Sta DoD; Kem, Jackie D SES CIV USA CSTC-A CMD GRP
Subject: (UNCLASSIFIED)
Attachments: Copy of MTAG ASFF graph.xlsx

Classification: UNCLASSIFIED
Caveats: FOUO

Dear AMB Moorefield:

I am writing to request your assistance with an inspection and investigative inquiry into possible discrepancies' concerning the distribution of and accounting for pharmaceuticals distributed to the ANA. The table of ASFF expenditures provided by the NTM-A/CSTC-A Command Surgeon indicates that since 2008 consumables (predominantly pharmaceuticals) comprise over 80% of the total expenditure of ASFF on ANA Medical Services. Moreover, the steady increase in spending on pharmaceuticals does not appear to be proportional to the increases in ANA forces.

However, I am concerned that due to past and current inspection results we must not only look at MoD OFSA but the NTM-A CSTC-A MTAG involvement of the US Purchase, AFG distribution, storage and accountability of pharmaceutical items for ANA.

The scope of the inspection and investigative inquiry is beyond the expertise and capability of NTM-A CSTC-A and USFOR-A Inspectors General. We are therefore requesting assistance in this matter. We look forward to your response and collegial advice.

We met with Dr Kem today and he has briefed LTG Caldwell on the prospect of DoD-IG SPO conducting this inspection/assessment. LTG Caldwell and Dr Kem welcome your involvement. I am drafting a letter for LTG Caldwell to send to General Petraeus informing him of the decision to ask for the assistance of the DoD-IG SPO. We do not need P4 approval. Look forward to working with you once again. v/r Mark

Classification: UNCLASSIFIED
Caveats: FOUO

Mark F. Fassl
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"I am writing to request your assistance with an inspection and investigative inquiry"

"The scope of the inspection and investigative inquiry is beyond the expertise and capability of NTM-A and USFOR-A Inspectors General. We are therefore requesting assistance in this matter."

[redacted]

From: Fassl, Mark F COL MIL USA NTM-A/CSTC-A CJ IG
Sent: Thursday, October 28, 2010 1:10 PM
To: Fassl, Mark F COL MIL USA NTM-A/CSTC-A CJ IG; Moorefield, Kenneth P., SES, OIG DoD
Cc: Watson, Jerome A Mr CIV USA DoD IG SPO; Ness, James W LTC MIL USA CSTC-A IG; Geller, Schuyler K USA COL USAF CMD SURG MTAG; Bishop, Frank M CDR USN CSTC-A CMD SURG MTAG; Carozza, Gerald N COL USA CSTC-A NTM SJA; Andersen, Steven J CAPT USA USCG CSTC-A SJA; Amrein, Marian US COL NTM-A CSTC-A; Morgan, Daniel CIV US DOD IG; Meyer, Stanley E., OIG DoD; Kem, Jackie D SES CIV USA CSTC-A CMD GRP
Subject: RE: (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

Sir,

I spoke with LTG Caldwell this evening about the email below. LTG Caldwell respectfully requests not to move on this request for assistance until he briefs GEN Petraeus on this issue. He agrees with the substance of the email but does not want to consent to the request until P4 is briefed. v/r Mark

-----Original Message-----
From: Fassl, Mark F COL MIL USA NTM-A/CSTC-A CJ IG
Sent: Thursday, October 28, 2010 4:30 PM
To: 'Moorefield, Kenneth P., SES, OIG DoD'
Cc: Watson, Jerome A Mr CIV USA DoD IG SPO; Fassl, Mark F COL MIL USA NTM-
Ness, James W LTC MIL USA CSTC-A IG; Geller, Schuyler K USA COL USAF CMD S
Frank M CDR USN CSTC-A CMD SURG MTAG; Carozza, Gerald N COL USA CSTC-A NTM
Steven J CAPT USA USCG CSTC-A SJA; Amrein, Marian US COL NTM-A CSTC-A; Mor
DOD IG; 'Stanley.meyer@dodig.mil'; Kem, Jackie D SES CIV USA CSTC-A CMD GR
Subject: (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

Dear AMB Moorefield:

I am writing to request your assistance with an inspection and inves
into possible discrepancies' concerning the distribution of and accounting for pharmaceuticals distributed to the ANA. The table of ASFF expenditures provided by the NTM-A/CSTC-A Command Surgeon indicates that since 2008 consumables (predominantly pharmaceuticals) comprise over 80% of the total expenditure of ASFF on ANA Medical Services. Moreover, the steady increase in spending on pharmaceuticals does not appear to be proportional to the increases in ANA forces.

However, I am concerned that due to past and current inspection results we must not only look at MoD OFSA but the NTM-A CSTC-A MTAG involvement of the US Purchase, AFG distribution, storage and accountability of pharmaceutical items for ANA.

The scope of the inspection and investigative inquiry is beyond the expertise and capability of NTM-A CSTC-A and USFOR-A Inspectors General. We are therefore requesting assistance in this matter. We look forward to your response and collegial advice.

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"LTG Caldwell respectfully requests not to move on this request for assistance until he briefs GEN Petraeus on this issue."

[redacted]

From: Amrein, Marian US COL NTM-A CSTC-A
Sent: Saturday, January 01, 2011 1:10 AM
To: Carozza, Gerald N COL USA CSTC-A NTM SJA; Andersen, Steven J CAPT USA USCG CSTC-A SJA
Subject: CoS Med tasker -final 30 dec (UNCLASSIFIED)
Attachments: CoS Med tasker -final 30 dec.docx

Classification: UNCLASSIFIED
Caveats: FOUO

Jerry/Steve,

Last Sunday, we rec'd a tasker to send everything we had on Yaftali to the IG so the IG could compile and we could make documents available to BG McMasters as there was going to be a meeting with one of the ANA Deputy Ministers.

Shane and Ken did lots of work rewriting and editing the summary of our position. We focused on poor leadership, poor medical care and the fuel problems at NMH.

BG Patton reviewed the summary and documentary evidence that we intended to provide. He made changes and told us to reduce the documentary evidence that we provided. He thought the write-up was good. Attached is the final version of the write-up.

I have other stories to share re this project, but will tell you those in person.

Marian
Classification: UNCLASSIFIED
Caveats: FOUO

"BG Patton reviewed the summary and documentary evidence that we intended to provide. He made changes and told us to reduce the documentary evidence that we provided."

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NATO TRAINING MISSION - AFGHANISTAN
COMBINED SECURITY TRANSITION COMMAND - AFGHANISTAN
KABUL, AFGHANISTAN
APO AE 09356

REPLY TO
ATTENTION OF:

NTM-A/CSTC-A-MTAG September 12, 2011

MEMORANDUM FOR All Personnel Assigned or Attached to Command Surgeon/Medical Training Advisory Group

SUBJECT: Photography, Video, and Audio Recordings in Afghan National Security Force (ANSF) and Ministry of Public Health (MoPH) Medical Facilities

1. References.

a. AR 530-1, 19 Apr 2007, Operations Security

b. AR 360-1, 15 Sep 2007, The Army Public Affairs Program

c. CENTCOM General Order Number 1B (GO 1B), 13 March 2006

d. ISAF Media Guidance

2. Purpose.

a. To insure that any photographs taken at ANSF and MoPH medical facilities are made only for official purposes or with the prior express informed and written permission of the person being photographed (or a guardian for minors); and to ensure that the attending physician or medical facility commander determines that such activity will not jeopardize the condition or welfare of the patient or nearby patients.

b. To protect the privacy and minimize the risk of disrespecting or offending Afghan military members, their dependents, or civilians being treated in ANSF facilities.

c. To help promote a positive image of coalition forces serving in Afghanistan.

3. Applicability. This policy applies to all nations' service members, civilians and contractor personnel assigned, attached to or working for MTAG, Command Surgeon Directorate.

4. Definitions.

a. Unofficial photographs, videos, and audio recordings are those that are obtained on non-government equipment for personal use.

b. Official photographs, videos, and audio recordings are those obtained on government or non-government equipment for official use.

"c. To help promote positive image of coalition forces serving in Afghanistan."

NTM-A/CSTC-A-MTAG
SUBJECT: Photography, Video, and Audio Recordings in Afghan National Security Force (ANSF) and Ministry of Public Health (MoPH) Medical Facilities

c. "Informed consent" means the patient or guardian understands his or her picture and/or comments are being collected and that they may be published and agrees to the same.

5. Policy.

a. Except for official purposes, personnel will not photograph or make video recordings, or disseminate or publish photographs or video recordings, that display critical or sensitive matters such as casualties, injured host nation forces, or personnel killed in action (friendly or adversary).

b. Prior to taking any photograph, video, or audio recording in an ANSF or MoPH medical facility, personnel must obtain the prior written, informed consent of any person who will appear in an official or unofficial photograph taken in a treatment setting. In addition, the attending physician or medical facility commander must determine that such activity will not jeopardize the condition or welfare of the patient or nearby patients.

c. Unofficial personal photos or video or audio recordings of patients or health care events taken by personnel subject to this policy and which already exist will be destroyed or deleted. Under no circumstances will they be shared outside of this command, transmitted via e-mail, posted to the internet, or duplicated in any way without prior approval of the Command Surgeon or NTM-A Public Affairs Office.

d. Existing personally held photos or other media of patients or healthcare events taken by personnel subject to this policy which need to be used, referenced or archived for official use will be moved from personal media devices and stored on official media immediately.

6. Violations of this policy are punishable in accordance with reference c. Pursuant to paragraphs 5c and d above, any photos or videos which were accumulated in violation of this policy and are currently maintained on personal devices may be moved from personal media to official without recourse so long as the images are deleted from personal devices. However, possession and/or distribution of such images or videos in any other manner will constitute a violation of this policy and reference c.

7. The point of contact for this policy is the Operations cell within the Command Surgeon's office at DSN 237-0508.

ANDREA E. CRUNKHORN
COL, US Army
Command Surgeon

"5. Policy.

a. Except for official purposes, personnel will not photograph or make video recordings, or disseminate or publish photographs or video recordings, that display critical or sensitive matters such as casualties, injured host nation forces, or personnel killed in action (friendly or adversary)."

"c. Unofficial personal photos or video or audio recordings of patients or health care events taken by personnel subject to this policy and which already exist will be destroyed or deleted."

From: Carozza, Gerald N COL USA CSTC-A NTM SJA
Sent: Wednesday, November 03, 2010 4:50 AM
To: Davis, Archie P COL MIL USA NTM-A/CSTC-A CJ8; Amrein, Marian US COL NTM-A CSTC-A; Fassl, Mark F COL MIL USA NTM-A/CSTC-A CJ IG; Johnston, Nicholas Col MIL USA CSTC-A CJ8
Cc: Ness, James W LTC MIL USA CSTC-A IG; Andersen, Steven J CAPT USA USCG CSTC-A SJA; Davies, Thomas R LTC USA CJ8 CHIEF ANA FRO; Rinkevich, Nyree D USA MAJ USAF CJ8 Comptroller
Subject: RE: Note from Stand Up/NTM-A/CSTC-A Huddle (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

It may not be strictly "necessary" to tell our ally that they are donating money targeted for a medical system for which we have more than a mere suspicion has been the subject of systemic fraud to the tune of many tens of millions of dollars, but it would seem "appropriate," especially if that ally has made prior donations that went into that medical system based on their trust and confidence that we were good shepherds of their good will. To not give notice could do damage to the trust and confidence established over a 55 year period.

Gerald N. Carozza, Jr.
Colonel, Judge Advocate, U.S. Army
Chief, ANA/MoD Legal Development & Legislative Affairs Peace through justice.
NTM-A/CSTC-A
UN House, 1st Floor
Camp Eggers, Afghanistan
APO AE 09356
DSN 318-237-1062
Cell 070-633-4660
NIPR gerald.n.carozza@afghan.sw
SIPR gerald.n.carozza@afghan.sw
"Shohna ba Shohna -- Shoulder t
www.ntm-a.com

-----Original Message-----
From: Davis, Archie P COL MIL U
Sent: Wednesday, November 03, 2
To: Carozza, Gerald N COL USA C
F COL MIL USA NTM-A/CSTC-A CJ I
Cc: Ness, James W LTC MIL USA C
Thomas R LTC USA CJ8 CHIEF ANA
Subject: RE: Note from Stand Up/NTM-A/CSTC-A Huddle (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

Gerald,

I don't believe a notification is necessary, at least not at this time.

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"It may not be strictly 'necessary' to tell our ally that they are donating money targeted for medical system...has been the subject of systemic fraud to the tune of many tens of millions of dollars...To not give notice could do damage to the trust and confidence established over a 55 year period."

"I don't believe a notification is necessary, at least not at this time."

We interact with countries on an annual basis, once we have forecasted new requirements for the fiscal year. During that interaction, we provide donor countries an updated status on the funds they donated to support ANA requirements for the current year. Many countries provide donations without caveat to support emerging ANA requirements, while others provide funds to support emerging requirements with "caveat" to support specific requirements highlight in the upcoming FY forecast. There is not a specified time established as to when we will actually execute the use of funds donated. We work with directorates in developing a plan and a timeline that is deemed feasible to execute the use of donated funds, based on mission analysis and a validated requirement.

Bottomline - once an assessment is made by MTAG that the timing is right to move forward in executing the funds, we will proceed with vetting this requirement thru our PMR process for validation.

v/r
Archie

ARCHIE P. DAVIS III
COL, USA
Financial Comptroller, NATO Training Mission - Afghanistan (NTM-A)

Deputy CJ8, Combined Security Transition Command - Afghanistan (CSTC-A)
Cell: (local) 070 667-7311, (long distance) 011-9370-667-7311
SVOIP/DSN: 318-237-1559
NIPR: archie.p.davis@afghan.swa.army.mil
SIPR: archie.p.davis@afghan.swa.army.smil.mil
CENTRIX: archie.p.davis@afghan.centcom.isaf.cmil.mil
Website: www.ntm-a.com, https://cstca.oneteam.centcom.mil/pages/default.aspx

"Shohna ba Shohna" -- "Shoulder to Shoulder"

-----Original Message-----
From: Carozza, Gerald N COL USA CSTC-A NTM SJA
Sent: Wednesday, November 03, 2010 12:33 PM
To: Amrein, Marian US COL NTM-A CSTC-A; Davis, Archie P COL MIL USA NTM-A/CSTC-A CJ8; Fassl, Mark F COL MIL USA NTM-A/CSTC-A CJ IG; Johnston, Nicholas Col MIL USA CSTC-A CJ8
Cc: Ness, James W LTC MIL USA CSTC-A IG; Andersen, Steven J CAPT USA USCG CSTC-A SJA; Davies, Thomas R LTC USA CJ8 CHIEF ANA FRO; Rinkevich, Nyree D USA MAJ USAF CJ8 Comptroller
Subject: RE: Note from Stand Up/NTM-A/CSTC-A Huddle (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

Has there been notice given to the Japanese regarding the irregularities with the MOD Medical system and the plan to sit on Japanese donations for an unspecified period of time?

Gerald N. Carozza, Jr.
Colonel, Judge Advocate, U.S. Army
Chief, ANA/MoD Legal Development & Legislative Affairs Peace through justice.
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"Has there been notice to the Japanese regarding the irregularities with the MOD Medical system and the plan to sit on Japanese donations for an unspecified period of time?

FW Wall Street Journal Article (UNCLASSIFIED)
From: David J. Smith
Sent: Saturday, September 03, 2011 3:33 PM
To: ISAF NU HQ DOMINIC WHITEHOUSE; Boyum, Rodney D O-5 USA USN DCOS RES HQ ISAF; ISAF NU HQ SCHUYLER GELLER
Cc: Bryant, David S US ARMY MAJ MEDAD; ISAF NU HQ ROLF VON USLAR; Paul, Robert R US MAJ USA CJ MED ISAF HQ
Subject: FW: Wall Street Journal Article (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

FYI and SA only.

R/Dave

David J. Smith
RADM, MC, USN
ISAF Medical Advisor and Chief, CJMED
IVSN: 686-2133 (Add 318 for DSN)
VSOIP: 786-1064
NATO(U): david.j.smith@hq.isaf.nato.int
NIPR: david.j.smith2@afghan.swa.army.mil
SIPR:david.j.smith2@afghan.swa.army.smil.mil

-----Original Message-----
From: Crunkhorn, Andrea E COL US NTM-A CMD SURGEON MTAG [mailto:andrea.e.crunkhorn@afghan.swa.army.mil]
Sent: Saturday, September 03, 2011 1:29 PM
To: ISAF NU HQ DAVID SMITH
Subject: FW: Wall Street Journal Article (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

-----Original Message-----
From: Allen, John R Gen USMC COMISAF
Sent: Saturday, September 03, 2011 1:05 PM
To: Caldwell, William B LTG MIL USA NTM-A/CSTC-A CMD GRP
Cc: McCoy, Bryan Col USMC COMISAF XO; Smullen, Robert J US Lt.Col USMC CIG HQ ISAF; Pittman, Hal ISAF HQ DCOSCOMM DCOS COMMUNICATION OF-6 IS; Kem, Jackie D SES US CSTC-A CMD GRP; Stroud, Shawn A LTC USA ARMY PAO FOR COMM NTMA; Hibner, David R LTC USA CSTC-A CMD GRP
Subject: RE: Wall Street Journal Article (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

Thank you, Bill. Was aware. The content is not nearly what you and I initially thought it would be. We should be able to quickly lay out all we've done to improve the situation at the hospital.

Thank you ...

Allen

-----Original Message-----
From: Caldwell, William B LTG MIL USA NTM-A/CSTC-A CMD GRP
Sent: Saturday, September 03, 2011 12:50 PM
To: Allen, John R Gen USMC COMISAF
Cc: McCoy, Bryan Col USMC COMISAF XO; Smullen, Robert J US Lt.Col USMC CIG HQ ISAF; Pittman, Hal ISAF HQ DCOSCOMM DCOS COMMUNICATION OF-6 IS; Kem, Jackie D SES US

Page 1

"Thank you Bill. Was aware. The content is not nearly what you and I initially thought it would be. We should be able to quickly lay out all we've done to improve the situation at the hospital."

FW Wall Street Journal Article (UNCLASSIFIED)
CSTC-A CMD GRP; Stroud, Shawn A LTC USA ARMY PAO FOR COMM NTMA; Hibner, David R LTC USA CSTC-A CMD GRP
Subject: Wall Street Journal Article

Sir -- wanted to make you aware that after nearly a month, the Wall Street Journal has now published the story on the National Military Hospital. It does not contain any of the items/concerns we had previously discussed -- rather is focused on the NMH and Afghan leadership. The story is online and we expect the print edition to run on Monday. Have pasted the story below...

Our overall assessment of the piece is it addresses many of the key challenges we have already taken on either through the influx of new medical trainers, through our request for the DOD IG assistance, or in the remov
command. In the last portion of the article, it do
being protected by PoA...is also clear that author
internal briefings/pictures by someone within the
have all suspected from earlier discussions.

We have been working very closely with Hal Pittman
OSD PA over this last month, so all have been full
and its allegations.

Am confident that although we still have challenge
our Afghan partners, have made tremendous strides
are making progress moving forward.

V/r -- Bill

At Afghan Military Hospital, Graft and Deadly Negl

By MARIA ABI-HABIB

KABUL-American officers deployed as mentors in Afghanistan's main military hospital discovered a shocking secret last year: Injured soldiers were routinely dying of simple infections and even starving to death as some corrupt doctors and nurses demanded bribes for food and the most basic of care.

The discovery, which hasn't previously been reported, added new details to longstanding evidence of gross mismanagement at Dawood National Military Hospital, where most salaries and supplies are paid for by American taxpayers.

Yet the patient neglect continued for months after U.S. officials discovered it, as Afghan officials rebuffed American pressure to take action, multiple documents and testimonies viewed by The Wall Street Journal show.

The way senior Afghan officials tolerated such deadly graft shows just how deeply rooted corruption has become in President Hamid Karzai's administration, as well as the limits of Washington's ability to rein it in. American advisers have since forced an improvement in conditions at the hospital.

Afghan policeman Ali Noor Hazrat had been admitted to Dawood hospital after being injured in a Taliban rocket attack on a police convoy last fall. Initially patched up by American doctors, he spent his last days starving there while his brother Sher sold off what little land the poor farming family had in order to bribe nurses and doctors for care and food, the brother said in an interview. In photos, Ali's flesh hangs off his frail, boney frame, his eyes heavy with pain. He died on Dec. 27, Afghan government documents show.

Page 2

"Sir – wanted to make you aware that after nearly a month, the Wall Street Journal has now published the story on the National Military Hospital. It doesn't contain any of the items/concerns we had previously discussed – rather is focused on the NMH and Afghan leadership."